

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90389 018 \*\*\*\*\*61.25  
08-20-2003 90050 024 \*\*\*\*\*61.25

**DOCUMENT # N22216**

1. Entity Name

**CRISTINA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

10252 ALLENWOOD DR.  
RIVERVIEW FL 33569  
US

Mailing Address

P.O. BOX 135  
RIVERVIEW FL 33568  
US

2. Principal Place of Business

11301 BROWNSTONE CT

3. Mailing Address

S.A.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVERVIEW, FL

City & State

RIVERVIEW, FL

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

33569

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, HOWARD L  
10252 ALLENWOOD DR.  
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name **MATT LANFRANKIE**

Street Address (P.O. Box Number is Not Acceptable)

10211 ALLENWOOD DR

City **RIVERVIEW**

**FL**

Zip Code

**33569**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**SECRETARY**

**8-16-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MURRAY, HOWARD L 10252 ALLENWOOD DR RIVERVIEW FL 33567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACNEEL, MELVIN SR. 10213 ALLENWOOD DR. RIVERVIEW FL 33569	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WAIGHT, KATHY 11313 JIM CT. RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILBURN, ROBERT 11301 BROWNSTONE CT. RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT MILBURN 11301 BROWNSTONE CT. RIVERVIEW FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MATT LANFRANKIE 10211 ALLENWOOD DR RIVERVIEW, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEES DENA LANFRANKIE 10211 ALLENWOOD DR RIVERVIEW, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MATT LANFRANKIE**

**8-16-03**

**813-677-4100**

CR2E037 (4/03)