2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

2009 FEB -3 A 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23101

1. Entity Name

CHRISTINA COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
616 PENINSULAR DRIVE LAKELAND FL 33813 US	719 PENINSULAR DRIVE LAKELAND FL 33813 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number **59-3193900** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
James E Ferrell 649 Peninsular Drive Lakeland, Florida 33813	Name: David Dale, Esq Street Address (P.O. Box Number is Not Acceptable): 616 Peninsular Drive Lakeland, Florida 33813 City: FL Zip Code

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] 1-30-09

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when changing) DATE

FILE DATE FEE $61.25 Due By May 1, 2009

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	DP David Dale, Esq 616 Peninsular Drive LAKELAND FL 33813 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100142712651 02/03/09--01019--001 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST EMERY, ARLO A 719 PENINSULAR DRIVE LAKELAND FL 33813 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TAYLOR, BRENDA 652 PENINSULAR DR LAKELAND FL 33813 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Arlo A. Emery 1-30-09