

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23101

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** CHRISTINA COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

616 PENINSULAR DRIVE  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

719 PENINSULAR DRIVE  
LAKELAND, FL 33813 US

**New Mailing Address:**

**FEI Number:** 59-3193900

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DALE, DAVID ESQUIRE  
616 PENINSULAR DRIVE  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DALE, DAVID ESQUIRE  
Address: 616 PENINSULAR DR  
City-St-Zip: LAKELAND, FL 33813

Title: DST  
Name: EMERY, ARLO A  
Address: 719 PENINSULAR DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: DV  
Name: TAYLOR, BRENDA  
Address: 652 PENINSULAR DR  
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID C. DALE

DP

03/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date