


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N32780 1. Entity Name LAKE CHRISTINA ASSOCIATION, INC.	
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Principal Place of Business 9736 SHAMOKIN LANE PT. RICHEY, FL 34668	Mailing Address 9736 SHAMOKIN LANE PT. RICHEY, FL 34668
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01192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2997856	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GREEN, LES
9736 SHAMOKIN LANE
PT RICHEY, FL 34668

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000057834

02/20/04-80005-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, LES 9736 SHAMOKIN LANE PT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL, JIM 9806 SHAMOKIN LANE PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NILLER, JOHN 9516 LAKE CHRISTINA LA. PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SABLICH, LILIANA 7835 VIENNA LANE PT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, RON 9753 LAKESIDE LANE PT. RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, DORIS 9318 LAKE CHRISTINA LANE PORT RICHEY, FL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Liliana Sablich LILIANA SABLICH

1/27/04 727-845-0077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #