2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State
03-11-2005 90312 013 ****61.25

DOCUMENT # N32780

1. Entity Name
LAKE CHRISTINA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9736 SHAMOKIN LANE PT. RICHEY, FL 34668	9736 SHAMOKIN LANE PT. RICHEY, FL 34668

01252005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
9806 SHAMOKIN LANE	P.O. Box 1233
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT RICHEY, FL	City & State: PORT RICHEY, FL
Zip: 34668 Country: USA	Zip: 34673-1233 Country: USA

4. FEI Number: 59-2997856 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, LES
9736 SHAMOKIN LANE
PT RICHEY, FL 34668

7. Name and Address of New Registered Agent

Name: CAMPBELL, JIM
Street Address (P.O. Box Number is Not Acceptable): 9806 SHAMOKIN LANE
City: PORT RICHEY FL Zip Code: 34668

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: JAMES CAMPBELL PRESIDENT James Campbell 3-5-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	PD GREEN, LES 9736 SHAMOKIN LANE PT RICHEY, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GREEN, LILLIAN 9736 SHAMOKIN LANE PORT RICHEY, FL 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CAMPBELL, JIM 9806 SHAMOKIN LANE PROT RICHEY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR CAMPBELL, JIM 9806 SHAMOKIN LANE PORT RICHEY, FL 34668	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NILLER, JOHN 9516 LAKE CHRISTINA LA. PORT RICHEY, FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARTOLOMA, ROSALIE 9749 LAKESIDE LANE PORT RICHEY, FL 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SABLICH, LILIANA 7635 VIENNA LANE PT RICHEY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PURCELL, JOHN 9404 LAKE CHRISTINA LANE PORT RICHEY, FL 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, RON 9753 LAKESIDE LANE PT. RICHEY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SABLICH, MARINO 7635 VIENNA LANE PORT RICHEY, FL 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, DORIS 9318 LAKE CHRISTINA LANE PORT RICHEY, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONG, JOE 9721 LAKESIDE LANE PORT RICHEY, FL 34668	☐ Change ☒ 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: Liliana Sablich / LILIANA SABLICH 3-5-2005 727 845-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #