2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2008
Secretary of State

DOCUMENT# N32780

Entity Name: LAKE CHRISTINA ASSOCIATION, INC.

Current Principal Place of Business:

9806 SHAMOKIN LANE
PT. RICHEY, FL 34668 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1233
PORT RICHEY, FL 346731233 US

New Mailing Address:

FEI Number: 59-2997856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, JIM
9806 SHAMOKIN LANE
PT RICHEY, FL 34668 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:	VD	( ) Delete
Name:	GREEN, LILLIAN	
Address:	9736 SHAMOKIN LANE	
City-St-Zip:	PORT RICHEY, FL 34668 US	
Title:	P/D	( ) Delete
Name:	CAMPBELL, JIM	
Address:	9806 SHAMOKIN LANE	
City-St-Zip:	PORT RICHEY, FL 34668 US	
Title:	D	( ) Delete
Name:	NILLER, JOHN	
Address:	9516 LAKE CHRISTINA LA.	
City-St-Zip:	PORT RICHEY, FL 34668 US	
Title:	STD	( ) Delete
Name:	SABLICH, LILIANA	
Address:	7635 VIENNA LANE	
City-St-Zip:	PT RICHEY, FL 34668 US	
Title:	D	( ) Delete
Name:	THOMPSON, RON	
Address:	9753 LAKESIDE LANE	
City-St-Zip:	PT. RICHEY, FL 34668 US	
Title:	D	( ) Delete
Name:	LONG, JOE	
Address:	9721 LAKESIDE LANE	
City-St-Zip:	PORT RICHEY, FL 34668 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	THOMPSON, LILLIAN	
Address:	9753 LAKESIDE LANE	
City-St-Zip:	PT. RICHEY, FL 34668 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LILIANA SABLICH STD 03/09/2008

Electronic Signature of Signing Officer or Director — Date