

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32780

FILED  
Mar 05, 2009  
Secretary of State

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, LILLIAN  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

03/05/2009

Electronic Signature of Signing Officer or Director

Date