2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N46293

Entity Name: CHRISTINA WOODS PHASE 9, UNIT 5 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3900 S. FLORIDA AVENUE
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7312
LAKELAND, FL 338077312

New Mailing Address:

FEI Number: 59-3142928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKS, STEVE
6961 HAYTER 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: D ( ) Delete
Name: HICKS, STEVE
Address: 6961 HAYTER DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: CLAUSSEN, ANN
Address: 6916 HAYTER DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: CIAVARDONE, JODY
Address: 6908 WILDBERRY LANE
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: SILVERMAN, JOEL
Address: 6893 HAYTER DRIVE
City-St-Zip: LAKELAND, FL 33813

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: D (X) Change ( ) Addition
Name: CACIOPPO, PAUL
Address: 6919 WILDBERRY LANE
City-St-Zip: LAKELAND, FL 33813

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: STEVE HICKS D 04/20/2009
Electronic Signature of Signing Officer or Director Date