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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000329

1. Corporation Name

THE LAKES AT CHRISTINA OWNERS' ASSOCIATION, INC.

* 218912 - 90130 - 48 *

Principal Place of Business	Mailing Address
92 LAKE WIRE DRIVE LAKELAND FL 33801	P.O. BOX 32092 LAKELAND FL 33802-2092 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/11/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3418100 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MURRAY, ROBERT P 92 LAKE WIRE DRIVE LAKELAND FL 33801	81 Name: Shirley A. Ballinger 82 Street Address (P.O. Box Number is Not Acceptable): 92 Lake Wire Drive 83 84 City: Lakeland **FL** 85 Zip Code: 33815

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Shirley A. Ballinger — Shirley A. Ballinger
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MURRAY, ROBERT P 92 LAKE WIRE DRIVE LAKELAND FL 33815-1510	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BALLINGER, SHIRLEY A 92 LAKE WIRE DRIVE LAKELAND FL 33815-1510	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	ST Ballinger, Shirley 92 Lake Wire Drive Lakeland, FL 33815	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TAYLOR, E. WYLLYS 5120 SOUTH LAKELAND DRIVE LAKELAND FL 33813	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PD Taylor, E. Wyllys 5120 South Lakeland Drive Lakeland, FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TAYLOR, WILLIAM H 5120 S LAKELAND DR LAKELAND FL 33813	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Murray, Bennie Jo 92 Lake Wire Drive Lakeland, FL 33815	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. William Taylor REQUIRED — WILLIAM H. TAYLOR — 3-5-99 — 941-644-8813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #