2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2004
Secretary of State

DOCUMENT# N96000000329

Entity Name: THE LAKES AT CHRISTINA OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

92 LAKE WIRE DRIVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 32092
LAKELAND, FL 338022092 US

New Mailing Address:

FEI Number: 59-3418100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BALLINGER, SHIRLEY A
92 LAKE WIRE DRIVE
LAKELAND, FL 33801 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: ST ( ) Delete
Name: BALLINGER, SHIRLEY A
Address: 92 LAKE WIRE DRIVE
City-St-Zip: LAKELAND, FL 338151510 US

Title: PD ( ) Delete
Name: TAYLOR, E. WYLLYS
Address: 5120 SOUTH LAKELAND DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: VPD ( ) Delete
Name: TAYLOR, WILLIAM H.
Address: 5120 SOUTH LAKELAND DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: MURRAY, BENNIE JO
Address: 92 LAKE WIRE DRIVE
City-St-Zip: LAKELAND, FL 338151510

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHIRLEY A. BALLINGER ST 04/10/2004

Electronic Signature of Signing Officer or Director — Date