2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600000329

FILED Jan 04, 2005 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

92 LAKE WIRE DRIVE LAKELAND, FL 33801

Current Mailing Address: New Mailing Address:

P.O. BOX 32092

LAKELAND, FL 338022092 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BALLINGER, SHIRLEY A
92 LAKE WIRE DRIVE
LAKELAND, FL 33801 US

BALLINGER, SHIRLEY A
92 LAKE WIRE DRIVE
LAKELAND, FL 33815 US

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: 01/04/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: ST () Delete Title: ST (X) Change () Addition

 Name:
 BALLINGER, SHIRLEY A
 Name:
 BALLINGER, SHIRLEY A

 Address:
 92 LAKE WIRE DRIVE
 Address:
 92 LAKE WIRE DRIVE

 City-St-Zip:
 LAKELAND, FL 338151510 US
 City-St-Zip:
 LAKELAND, FL 33815 US

Title: PD () Delete Title: () Change () Addition

 Name:
 TAYLOR, E. WYLLYS
 Name:

 Address:
 5120 SOUTH LAKELAND DRIVE
 Address:

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

 Name:
 TAYLOR, WILLIAM H.
 Name:

 Address:
 5120 SOUTH LAKELAND DRIVE
 Address:

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MURRAY, BENNIE JO
 Name:
 MURRAY, BENNIE JO

 Address:
 92 LAKE WIRE DRIVE
 Address:
 92 LAKE WIRE DRIVE

 City-St-Zip:
 LAKELAND, FL 338151510
 City-St-Zip:
 LAKELAND, FL 33815

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 01/04/2005