

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004647

FILED  
Apr 02, 2008  
Secretary of State

**Entity Name:** CHRISTINA HAMMOCK OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6520 LAKE CLARK DRIVE  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 5993  
LAKELAND, FL 33807

**New Mailing Address:**

**FEI Number:** 59-3599259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOGG, JOSEPHINE  
6790 LAKE CLARK DRIVE  
LAKELAND, FL 33813 US

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

PERRY, CAROLYN  
6550 LAKE CLARK DR  
LAKELAND, FL 33813 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: CAROLYN PERRY

04/02/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: FOGG, JOSEPHINE  
Address: 6790 LAKE CLARK DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: PD ( ) Delete  
Name: EDWARDS, JIM  
Address: 6770 LAKE CLARK DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: SD ( ) Delete  
Name: VALENTINE, JANNETTE  
Address: 779 LAKE CLARK COURT  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete  
Name: LASH, EARLENE  
Address: 6540 LAKE CLARK DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: TD ( ) Delete  
Name: CARRICO, NORMAN  
Address: 6680 LAKE CLARK DR  
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: SURRENCY, REBECCA  
Address: 6555 LAKE CLARK DR  
City-St-Zip: LAKELAND, FL 33813

Title: TD (X) Change ( ) Addition  
Name: PERRY, CAROLYN  
Address: 6550 LAKE CLARK DR  
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: CAROLYN PERRY

TD

04/02/2008

Electronic Signature of Signing Officer or Director

Date