

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 18, 2006
Secretary of State**

DOCUMENT# N00000003100

Entity Name: TWIN LAKES AT CHRISTINA HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

6886 SHIMMERING DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5948
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 59-3632807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANSON, SANDRA
(NO MAIL DELIVERY)
6886 SHIMMERING 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: VD () Delete
Name: REHBERG, JAMES H
Address: 6802 SHIMMERING DR
City-St-Zip: LAKELAND, FL 33805

Title: TD () Delete
Name: CLANTON, GAIL
Address: 6850 SHIMMERING DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: PD () Delete
Name: SANDRA, SWANSON
Address: 6886 SHIMMERING DR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: DENA, MARK
Address: 6833 SHIMMERING DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: SD () Delete
Name: ITTLEMAN, BONNIE
Address: 6868 SHIMMERING 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ITTLEMAN, BONNIE
Address: 6868 SHADOWCAST LANE
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the 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: GAIL A. CLANTON

TD

01/18/2006

Electronic Signature of Signing Officer or Director

_____ Date