

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003100

FILED  
Jan 12, 2008  
Secretary of State

**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:**

6906 SHIMMERING DRIVE  
LAKELAND, FL 33813

**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:**

MATHES, KEVIN  
(NO MAIL DELIVERY)  
6906 SHIMMERING DRIVE  
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: KEVIN MATHES

01/12/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: DOTY, STEVE  
Address: 6910 SHIMMERING DR  
City-St-Zip: LAKELAND, FL 33807

Title: TD ( ) Delete  
Name: MATHES, KEVIN  
Address: 6906 SHIMMERING DR.  
City-St-Zip: LAKELAND, FL 33813

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

Title: D ( ) Delete  
Name: MAROIS, JERRY  
Address: 6829 SHIMMERING DR  
City-St-Zip: LAKELAND, FL 33813

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

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: KEVIN MATHES

TD

01/12/2008

Electronic Signature of Signing Officer or Director

Date