

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003100

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

6906 SHIMMERING DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5948
LAKELAND, FL 33807

New Mailing Address:

P.O. BOX 92108
LAKELAND, FL 33804

FEI Number: 59-3632807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHES, KEVIN
(NO MAIL DELIVERY)
6906 SHIMMERING DRIVE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

HARKINS, WILLIAM
5600 US 98 NORTH SUITE 1
LAKELAND, FL 33809 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: WM. R. HARKINS, EA, CAM

04/27/2009

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: RUSSELL, CHARLES
Address: 6942 SHIMMERING DR
City-St-Zip: LAKELAND, FL 33813

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

Title: D (X) Change () Addition
Name: GATES, ROBERT A
Address: 6826 SHIMMERING DRIVE
City-St-Zip: LAKELAND, FL 33813

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: WILLIAM R, HARKINS, EA, CAM

MGR

04/27/2009

Electronic Signature of Signing Officer or Director

Date