

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003100

FILED  
Jan 26, 2011  
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:**

1621F EDGEWOOD DRIVE  
LAKELAND, FL 33803

**Current Mailing Address:**

1621F EDGEWOOD DRIVE  
LAKELAND, FL 33803

**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:**

MEZER, STEVEN H ESQ  
1801 N. HIGHLAND AVENUE  
TAMPA, FL 336013913 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: PRES  
Name: RUSSELL, CHARLES  
Address: 6942 SHIMMERING DR  
City-St-Zip: LAKELAND, FL 33813

Title: VP  
Name: GATES, ROBERT  
Address: 6826 SHIMMERING DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: T  
Name: LUCKENBAUGH, WILLIAM  
Address: 6810 SHIMMERING DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: S  
Name: ITTLEMAN, BONNIE  
Address: 6868 SHADOWCAST LANE  
City-St-Zip: LAKELAND, FL 33813

Title: D  
Name: MATTHEWS, ED  
Address: 6902 SHIMMERING DRIVE  
City-St-Zip: LAKELAND, FL 33813

I hereby 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 all other like empowered.

SIGNATURE: JAMES ALLEN CAM

MGR

01/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date