

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003100

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC4057844667**

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

**Current Principal Place of Business:**

1621F EDGEWOOD DRIVE  
LAKELAND, FL 33803

**Current Mailing Address:**

1621F EDGEWOOD DRIVE  
LAKELAND, FL 33803

**FEI Number: 59-3632807**

**Certificate of Status Desired: No**

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

MEZER, STEVEN HESQ  
1801 N. HIGHLAND AVENUE  
TAMPA, FL 33601-3913 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MATTHEWS, ED  
Address        1621F EDGEWOOD DRIVE  
City-State-Zip: LAKELAND FL 33803

Title            T  
Name            LUCKENBAUGH, WILLIAM  
Address        1621F EDGEWOOD DRIVE  
City-State-Zip: LAKELAND FL 33803

Title            S  
Name            DOTY, STEVE  
Address        1621F EDGEWOOD DRIVE  
City-State-Zip: LAKELAND FL 33803

Title            DIRECTOR  
Name            SKIBA, KAREN  
Address        1621F EDGEWOOD DRIVE  
City-State-Zip: LAKELAND FL 33803

*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: ED MATTHEWS**

**PRESIDENT**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date