2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003100

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

INC.

FILED
Jul 21, 2020
Secretary of State
0717009328CC

Current Principal Place of Business:

6950 SHIMMERING DR. LAKELAND, FL 33813

Current Mailing Address:

P.O. BOX 92797

LAKELAND, FL 33804 US

FEI Number: 59-3632807 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHN, HALL 5121 SOUTH LAKELAND DR SUITE 1 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: JOHN HALL 07/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY** Name WALSH, SHAMILYN Name BURTON, BETH P.O. BOX 92797 P.O. BOX 92797 Address Address City-State-Zip: City-State-Zip: LAKELAND FL 33804 LAKELAND FL 33804

Title VP Title DIRECTOR

Name VANDERWERKER, STEPHANIE Name CHACHULA, KAT
Address P.O. BOX 92797 Address PO BOX 92797

City-State-Zip: LAKELAND FL 33804 City-State-Zip: LAKELAND FL 33804

City-State-Zip: LAKELAND FL 33804 City-State-Zip: LAKELAND FL 33804 Title TREASURER

Name EDWARDS, ALICIA
Address P.O. BOX 92797

City-State-Zip: LAKELAND FL 33804

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.

Electronic Signature of Signing Officer/Director Detail