2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N0000003100

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

Current Principal Place of Business:

6950 SHIMMERING DR. LAKELAND, FL 33813

Current Mailing Address:

P.O. BOX 5925 LAKELAND, FL 33807-5925 US

FEI Number: 59-3632807

Name and Address of Current Registered Agent:

AARON J. SILBERMAN, SILBERMAN LAW, P.A. 1105 W. SWANN AVENUE TAMPA, FL 33606 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

Officer/Director Detail :

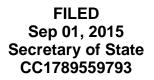
Title	DIRECTOR	Title	VICE PRESIDENT / SECRETARY
Name	EDWARDS, ALICIA	Name	NORTHROP, MARIANNE
Address	P.O. BOX 5925	Address	P.O. BOX 5925
City-State-Zip:	LAKELAND FL 33807-5925	City-State-Zip:	LAKELAND FL 33807-5925
Title	PRESIDENT	Title	TREASURER
Name	SKIBA, KAREN	Name	WALTERS, WENDY
Address	P.O. BOX 5925	Address	PO BOX 5925
City-State-Zip:	LAKELAND FL 33807-5925	City-State-Zip:	LAKELAND FL 33807
Title	DIRECTOR		
Name	SADLER, DAWN		
Address	PO BOX 5925		
City-State-Zip:	LAKELAND FL 33807		

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: MARIANNE NORTHROP

VICE PRESIDENT/SECRETARY 09/01/2015

Date



Certificate of Status Desired: No