

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003100

Entity Name: TWIN LAKES AT CHRISTINA HOMEOWNER'S ASSOCIATION, INC.**FILED**
Feb 10, 2016
Secretary of State
CC3900458633**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****Certificate of Status Desired: No****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_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	EDWARDS, ALICIA
Address	P.O. BOX 5925
City-State-Zip:	LAKELAND FL 33807-5925

Title	PRESIDENT
Name	NORTHROP, MARIANNE
Address	P.O. BOX 5925
City-State-Zip:	LAKELAND FL 33807-5925

Title	SECRETARY
Name	SKIBA, KAREN
Address	P.O. BOX 5925
City-State-Zip:	LAKELAND FL 33807-5925

Title	TREASURER
Name	WALTERS, WENDY
Address	PO BOX 5925
City-State-Zip:	LAKELAND FL 33807

Title	VP
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: WENDY WALTERS**TREASURER****02/10/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date