## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003100

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

INC.

**FILED** Apr 24, 2024 **Secretary of State** 1568743749CC

## **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 625 COMMERCE DR SUITE 301 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 04/24/2024

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY** Name WALSH, SHAMILYN Name MONJURE, KIM 625 COMMERCE DR 625 COMMERCE DR Address Address SUITE 301

SUITE 301

City-State-Zip: LAKELAND FL 33813 City-State-Zip: LAKELAND FL 33813

Title **DIRECTOR** Title **TREASURER** Name LANGFORD, JIM Name RIVERA, LUIS

625 COMMERCE DR Address 625 COMMERCE DR Address SUITE 301

SUITE 301

LAKELAND FL 33813 City-State-Zip: LAKELAND FL 33813 City-State-Zip:

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