

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N00000003100

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

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 TREASURER
Name BEDWELL, KIM
Address P.O. BOX 5925
City-State-Zip: LAKELAND FL 33807-5925

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

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

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

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

SECRETARY

04/17/2015

Electronic Signature of Signing Officer/Director Detail

Date