## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003100

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

INC.

**FILED** Mar 22, 2021 **Secretary of State** 5962438119CC

**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 03/22/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

Title **PRESIDENT** Title **SECRETARY** Name WALSH, SHAMILYN Name MONJURE, KIM P.O. BOX 92797 P.O. BOX 92797 Address Address City-State-Zip:

City-State-Zip: LAKELAND FL 33804

> Title **DIRECTOR**

Name

TAYLOR, PAM Name Address P.O. BOX 92797

Address PO BOX 92797

City-State-Zip: LAKELAND FL 33804

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City-State-Zip: LAKELAND FL 33804

LAKELAND FL 33804

LANGFORD, JIM

Title **TREASURER** Name RIVERA, LUIS 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.

SIGNATURE: SHAMILYN WALSH

**PRESIDENT** 

03/22/2021