

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003100

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

**FILED**  
**Jun 07, 2022**  
**Secretary of State**  
**3740628869CC**

**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**

**06/07/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WALSH, SHAMILYN  
Address        P.O. BOX 92797  
City-State-Zip: LAKELAND FL 33804

Title            SECRETARY  
Name            MONJURE, KIM  
Address        P.O. BOX 92797  
City-State-Zip: LAKELAND FL 33804

Title            DIRECTOR  
Name            LANGFORD, JIM  
Address        PO BOX 92797  
City-State-Zip: LAKELAND FL 33804

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**

**06/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date