

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000007412

Entity Name: SAMARA LAKES HOMEOWNERS ASSOCIATION, INC.

FILED
Jun 16, 2016
Secretary of State
CC8566184817

Current Principal Place of Business:

11555 CENTRAL PARKWAY
801
JACKSONVILLE, FL 32224

Current Mailing Address:

11555 CENTRAL PARKWAY
801
JACKSONVILLE, FL 32224 US

FEI Number: 20-0198362

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT LLC
11555 CENTRAL PARKWAY
801
JACKSONVILLE, FL 32224 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: MARGARET STOREY

06/16/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name BROWN, NEAL P
Address 11555 CENTRAL PARKWAY
 801
City-State-Zip: JACKSONVILLE FL 32224

Title VP, DIRECTOR
Name FLAIM, SARAH L
Address 11555 CENTRAL PARKWAY
 801
City-State-Zip: JACKSONVILLE FL 32224

Title SECRETARY, DIRECTOR
Name CURTIS, JOYCE L
Address 11555 CENTRAL PARKWAY
 801
City-State-Zip: JACKSONVILLE FL 32224

Title TREASURER, DIRECTOR
Name KNAUER, HOWARD C
Address 11555 CENTRAL PARKWAY
 801
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name ASTOR, MICHAEL
Address 11555 CENTRAL PARKWAY
 801
City-State-Zip: JACKSONVILLE FL 32224

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: NEAL BROWN

PRESIDENT

06/16/2016

Electronic Signature of Signing Officer/Director Detail

Date