

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

DOCUMENT# N03000007412

**Entity Name:** SAMARA LAKES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**VESTA PROPERTY SERVICES  
200 BUSINESS PARK CIRCLE SUITE 101  
SAINT AUGUSTINE, FL 32095**Current Mailing Address:**VESTA PROPERTY SERVICES  
200 BUSINESS PARK CIRCLE SUITE 101  
SAINT AUGUSTINE, FL 32095 US**FEI Number:** 20-0198362**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VESTA PROPERTY SERVICES  
VESTA PROPERTY SERVICES  
200 BUSINESS PARK CIRCLE SUITE 101  
SAINT AUGUSTINE, FL 32095 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:** PATTI BROWN

03/08/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JOHN, DAVID  
Address        200 BUSINESS PARK CIRCLE  
                 SUITE 101  
City-State-Zip: SAINT AUGUSTINE FL 32095

Title            TREASURER  
Name            ASTOR, MIKE  
Address        200 BUSINESS PARK CIRCLE  
                 SUITE 101  
City-State-Zip: SAINT AUGUSTINE FL 32095

Title            VP  
Name            GADDIE-DANIELS, KANDACE  
Address        200 BUSINESS PARK CIRCLE  
                 SUITE 101  
City-State-Zip: ST AUGUSTINE FL 32095

Title            SECRETARY  
Name            GILMORE, GINA  
Address        200 BUSINESS PARK CIRCLE  
                 SUITE 101  
City-State-Zip: SAINT AUGUSTINE FL 32095

Title            DIRECTOR  
Name            SNEDEN, JOE  
Address        200 BUSINESS PARK CIRCLE  
                 SUITE 101  
City-State-Zip: ST AUGUSTINE FL 32095

*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:** DAVID JOHN

PRESIDENT

03/08/2022

Electronic Signature of Signing Officer/Director Detail

Date