

2021 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

02/24/2021

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 VP
Name EVOLA, KEITH
Address 200 BUSINESS PARK CIRCLE
 SUITE 101
City-State-Zip: SAINT AUGUSTINE FL 32095

Title SECRETARY
Name GILMORE, GINA
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 DIRECTOR
Name GADDIE / DANIELS, KANDACE
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

02/24/2021

Electronic Signature of Signing Officer/Director Detail

Date