


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90026 023 \*\*\*\*61.25

<b>DOCUMENT # N02000001139</b> 1. Entity Name <b>AMANDA OAKS OF CHRISTINA HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 201 CHRISTINA BLVD. LAKELAND, FL 33813			Mailing Address 201 CHRISTINA BLVD. LAKELAND, FL 33813		
2. Principal Place of Business <b>P.O. Box 5651</b>		3. Mailing Address <b>P.O. Box 5651</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Lakeland, FL</b>		City & State <b>Lakeland, FL</b>		4. FEI Number <b>04-3637274</b>	
Zip <b>33807</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOFFMAN, L.K.</b> <b>201 CHRISTINA BLVD.</b> <b>LAKELAND, FL 33813</b>			7. Name and Address of New Registered Agent Name <b>John W. Smith</b> Street Address (P.O. Box Number is Not Acceptable) <b>6923 Lacy Drive</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33813</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>John W. Smith</i></u> <b>Director + Treasurer</b> <span style="float: right;">1-11-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HENNAN, ANDY</b> <b>143 SHANNON OAKS DR</b> <b>LAKELAND, FL 33813</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hennan, Andy</b> <b>143 Shannon Oaks Drive</b> <b>Lakeland, FL 33813</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>DASBACH, KEITH</b> <b>6875 LACY DR</b> <b>LAKELAND, FL 33813</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director, VP Secretary</b> <b>Andreadis, Kimberly</b> <b>6915 Lacy Drive</b> <b>Lakeland, FL 33813</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>QUIRK, DAVID</b> <b>6883 LACY DR</b> <b>LAKELAND, FL 33813</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director, Treasurer</b> <b>Smith, John</b> <b>6923 Lacy Drive</b> <b>Lakeland, FL 33813</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>John W. Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1-11-06</b> <b>863-647-9499</b> <small>Date Daytime Phone #</small>		

60007034



01052006 Chg-NP CR2E037 (11/05)

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name **John W. Smith**

Street Address (P.O. Box Number is Not Acceptable)

**6923 Lacy Drive**

City **Lakeland**

**FL**

Zip Code **33813**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☐ Delete  
**HENNAN, ANDY**  
**143 SHANNON OAKS DR**  
**LAKELAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☒ Delete  
**DASBACH, KEITH**  
**6875 LACY DR**  
**LAKELAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☒ Delete  
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**LAKELAND, FL 33813**

TITLE  
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☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director, President** ☒ Change ☐ Addition  
**Hennan, Andy**  
**143 Shannon Oaks Drive**  
**Lakeland, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director, VP Secretary** ☐ Change ☒ Addition  
**Andreadis, Kimberly**  
**6915 Lacy Drive**  
**Lakeland, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director, Treasurer** ☐ Change ☒ Addition  
**Smith, John**  
**6923 Lacy Drive**  
**Lakeland, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #