

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90258 018 ****61.25

DOCUMENT # N02000001139

1. Entity Name
**AMANDA OAKS OF CHRISTINA HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**PO BOX 5651
LAKELAND, FL 33807**

Mailing Address
**PO BOX 5651
LAKELAND, FL 33807**

40097459



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
04-3637274

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, JOHN W
6923 LACY DR
LAKELAND, FL 33813**

Name

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

City

FL

Zip Code

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, 2008**

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 **DP** ☐ Delete
HERNAN, ANDY
STREET ADDRESS **143 SHANNON OAKS DR**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE
NAME **DVPS** ☐ Delete
ANDREADIS, KIMBERLY
STREET ADDRESS **6915 LACY DR**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE
NAME **DT** ☐ Delete
SMITH, JOHN
STREET ADDRESS **6923 LACY DR**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **Vice President, Director** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **Director, Secretary** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **Director, President, Treasurer** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John W. Smith **John W. Smith** **4-3-08** **863-647-9499**