

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001139

FILED
Apr 23, 2009
Secretary of State

Entity Name: AMANDA OAKS OF CHRISTINA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 5651
LAKELAND, FL 33807

New Principal Place of Business:

6923 LACY DRIVE
LAKELAND, FL 33813

Current Mailing Address:

PO BOX 5651
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 04-3637274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: HERNAN, ANDY
Address: 143 SHANNON OAKS DR
City-St-Zip: LAKELAND, FL 33813

Title: DS () Delete
Name: ANDREADIS, KIMBERLY
Address: 6915 LACY DR
City-St-Zip: LAKELAND, FL 33813

Title: DPT () Delete
Name: SMITH, JOHN
Address: 6923 LACY DR
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAYES, GEORGE
Address: 126 SHANNON OAKS DR
City-St-Zip: LAKELAND, FL 33813

Title: DS (X) Change () Addition
Name: ROSSITER, IRENE
Address: 6907 LACY DR
City-St-Zip: LAKELAND, FL 33813

Title: DVPT (X) Change () Addition
Name: SMITH, JOHN
Address: 6923 LACY DR
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN W SMITH

DVPT

04/23/2009

Electronic Signature of Signing Officer or Director

Date