

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N03000007412

**Entity Name:** SAMARA LAKES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jun 16, 2016**  
**Secretary of State**  
**CC8566184817**

**Current Principal Place of Business:**

11555 CENTRAL PARKWAY  
801  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

11555 CENTRAL PARKWAY  
801  
JACKSONVILLE, FL 32224 US

**FEI Number: 20-0198362**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FIRST COAST ASSOCIATION MANAGEMENT LLC  
11555 CENTRAL PARKWAY  
801  
JACKSONVILLE, FL 32224 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: MARGARET STOREY**

**06/16/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            BROWN, NEAL P  
Address        11555 CENTRAL PARKWAY  
                  801  
City-State-Zip: JACKSONVILLE FL 32224

Title            VP, DIRECTOR  
Name            FLAIM, SARAH L  
Address        11555 CENTRAL PARKWAY  
                  801  
City-State-Zip: JACKSONVILLE FL 32224

Title            SECRETARY, DIRECTOR  
Name            CURTIS, JOYCE L  
Address        11555 CENTRAL PARKWAY  
                  801  
City-State-Zip: JACKSONVILLE FL 32224

Title            TREASURER, DIRECTOR  
Name            KNAUER, HOWARD C  
Address        11555 CENTRAL PARKWAY  
                  801  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            ASTOR, MICHAEL  
Address        11555 CENTRAL PARKWAY  
                  801  
City-State-Zip: JACKSONVILLE FL 32224

*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: NEAL BROWN**

**PRESIDENT**

**06/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date