

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725371

**FILED**  
**Jun 15, 2020**  
**Secretary of State**  
**0381719518CC**

**Entity Name:** FOREST LAKES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1058 FOREST LAKES DRIVE  
NAPLES, FL 34105

**Current Mailing Address:**

1058 FOREST LAKES DRIVE  
NAPLES, FL 34105

**FEI Number:** 59-1487933

**Certificate of Status Desired:** No

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

SAMOUCÉ, ROBERT C  
5405 PARK CENTRAL COURT  
NAPLES, FL 34109 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:** ROBERT C SAMOUCÉ

06/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HUGUS, KAREN  
Address 1059 FOREST LAKES DRIVE  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name SPELLMAN, WILLIAM  
Address 1016 FOREST LAKES DRIVE  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name REED, EDWARD  
Address 1056 FOREST LAKES DRIVE  
#B209  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR, PRESIDENT  
Name POPIELSKI, BEVERLY  
Address 1086 FOREST LAKES DRIVE  
#104  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR, TREASURER  
Name OWEN, NADIA  
Address 1057 FOREST LAKES DRIVE  
#305  
City-State-Zip: NAPLES FL 34105

Title MEMBER AT LARGE, VP  
Name GOOTEE, ROBERT  
Address 1055 FOREST LAKES DR.  
#202  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name ANTONINI, FRANK  
Address 1087 FOREST LAKES DR.  
#302  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name BAILEY, PAUL  
Address 1083 FOREST LAKES DR #102  
City-State-Zip: NAPLES FL 34105

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*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:** NADIA OWEN

**TREASURER**

06/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            BERNAL, PATRICK

Address        1054 FOREST LAKES DR H205

City-State-Zip: NAPLES FL 34105