

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725371

**FILED  
Mar 06, 2018  
Secretary of State  
CC9306625185**

**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**

**03/06/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DILLON, MICHAEL  
Address 1087 FOREST LAKES DRIVE  
#109  
City-State-Zip: NAPLES FL 34105

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

Title DIRECTOR  
Name GALLOWAY, ROBERT  
Address 1082 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  
Name MERRILL, SCOTT  
Address 1053 FOREST LAKES DRIVE  
#J101  
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

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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**

**03/06/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR

Name           ANTONINI, FRANK

Address        1087 FOREST LAKES DR.  
                  #302

City-State-Zip: NAPLES FL 34105