

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725371

**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:**ADAMCZYK, STEVEN J  
999 VANDERBILT BEACH ROAD  
SUITE 300  
NAPLES, FL 34108 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	REED, EDWARD
Address	1056 FOREST LAKES DRIVE #B209
City-State-Zip:	NAPLES FL 34105
Title	TREASURER
Name	BERNAL, PATRICK
Address	1054 FOREST LAKES DR H205
City-State-Zip:	NAPLES FL 34105
Title	DIRECTOR
Name	PECK, MARY JANE
Address	1083 FOREST LAKES DR #106
City-State-Zip:	NAPLES FL 34105
Title	SECRETARY
Name	DILLON, CHRIS
Address	1057 FOREST LAKES DR #104
City-State-Zip:	NAPLES FL 34105

Title	VICE PRESIDENT
Name	BAILEY, PAUL
Address	1083 FOREST LAKES DR #102
City-State-Zip:	NAPLES FL 34105
Title	PRESIDENT
Name	RATH, SHARON
Address	1054 FOREST LAKES DR H104
City-State-Zip:	NAPLES FL 34105
Title	DIRECTOR
Name	GASTON, KENT
Address	1051 FOREST LAKES DR
City-State-Zip:	NAPLES FL 34105
Title	DIRECTOR
Name	NORMAN, GLEN
Address	1087 FOREST LAKES DR #103
City-State-Zip:	NAPLES FL 34105

**Continues on page 2**

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:** SHARON RATH

PRESIDENT

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	STINE, SHARON
Address	1075 FOREST LAKES DRIVE
City-State-Zip:	NAPLES FL 34105