

**2013 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:**TREISER & COLLINS, P.L.  
3080 TAMiami TRAIL E  
NAPLES, FL 34112 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            PRESIDENT  
Name            PECK, MARY JANE  
Address        1058 FOREST LAKES DR  
City-State-Zip: NAPLES FL 34105

Title            VP  
Name            LYON, JEFFREY  
Address        1058 FOREST LAKES DR  
City-State-Zip: NAPLES FL 34105

Title            TREASURER  
Name            BOBULA, LYNNE  
Address        1058 FOREST LAKES DR  
City-State-Zip: NAPLES FL 34105

Title            SECRETARY  
Name            MORGAN, LAWRENCE  
Address        1058 FOREST LAKES DR  
City-State-Zip: NAPLES FL 34105

Title            DIRECTOR  
Name            HUGUS, KAREN  
Address        1058 FOREST LAKES DR  
City-State-Zip: NAPLES FL 34105

Title            DIRECTOR  
Name            FEENEY, JEANNE  
Address        1058 FOREST LAKES  
City-State-Zip: NAPLES FL 34105

Title            DIRECTOR  
Name            BOBULA, LYNNE  
Address        1058 FOREST LAKES DRIVE  
City-State-Zip: NAPLES FL 34105

Title            DIRECTOR  
Name            WHITE, ROBERT  
Address        1058 FOREST LAKES DRIVE  
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:** LEESHELL HAWKE**MANAGER****03/08/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PECK, MARY JANE  
Address 1058 FOREST LAKES DRIVE  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name REED, ED  
Address 1058 FOREST LAKES DRIVE  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR AT LARGE  
Name FEUCHTER, BILL  
Address 1058 FOREST LAKES DRIVE  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name SABOL, BERNARD  
Address 1058 FOREST LAKES DRIVE  
City-State-Zip: NAPLES FL 34105

Title DIRECTOR  
Name LYON, JEFFREY  
Address 1058 FOREST LAKES DRIVE  
City-State-Zip: NAPLES FL 34105

Title MANAGER  
Name HAWKE, LEESHELL  
Address 1058 FOREST LAKES DRIVE  
City-State-Zip: NAPLES FL 34105