

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754230

Entity Name: FOREST PARK VILLAS HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 17, 2020
Secretary of State
0573642716CC**Current Principal Place of Business:**C/O ATLANTIS MANAGEMENT SERVICES, LC
11011 SHERIDAN ST, #208
COOPER CITY, FL 33026**Current Mailing Address:**C/O ATLANTIS MANAGEMENT SERVICES, LC
11011 SHERIDAN ST., #208
COOPER CITY, FL 33026 US**FEI Number:** 59-2329978**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROUGH, CHADROW & LEVINE P.A.
WESTON PROFESSIONAL CENTRE
2149 NORTH COMMERCE PARKWAY
WESTON, FL 33326 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:** SCOTT LEVINE

03/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	CLUNIE, SYLVIA
Address	11011 SHERIDAN STREET 208
City-State-Zip:	COOPER CITY FL 33026

Title	SD
Name	HARRIS, FRAN
Address	11011 SHERIDAN STREET
City-State-Zip:	COOPER CITY FL 33026

Title	TD
Name	ROBINSON, DENEEN
Address	11011 SHERIDAN STREET 208
City-State-Zip:	COOPER CITY FL 33026

Title	DIRECTOR
Name	DAWSON, JOY
Address	11011 SHERIDAN STREET 208
City-State-Zip:	COOPER CITY FL 33026

Title	DIRECTOR
Name	PIERRE-LOUIS, NANCY
Address	C/O ATLANTIS MANAGEMENT SERVICES, LC 11011 SHERIDAN ST., #208
City-State-Zip:	COOPER CITY FL 33026

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: SYLVIA CLUNIE**PRESIDENT**

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date