

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758250

FILED
Jan 26, 2022
Secretary of State
9948163052CC

Entity Name: FOREST LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ASSOCIA GULF COAST
9887 4TH STREET NORTH SUITE 104
ST. PETERSBURG, FL 33702

Current Mailing Address:

C/O ASSOCIA GULF COAST
9887 4TH STREET NORTH SUITE 104
ST. PETERSBURG, FL 33702 US

FEI Number: 59-2266323

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST
C/O ASSOCIA GULF COAST
9887 4TH STREET NORTH SUITE 104
ST. PETERSBURG, FL 33702 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: JOHN HENSLEY

01/26/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MICHAELS, BRIAN
Address C/O ASSOCIA GULF COAST
9887 4TH STREET NORTH SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title VPD
Name BACON, PAULA
Address C/O ASSOCIA GULF COAST
9887 4TH STREET NORTH SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title SD
Name BROWN, TIFFANY
Address C/O ASSOCIA GULF COAST
9887 4TH STREET NORTH SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title TD
Name GARRETT, KIM L
Address C/O ASSOCIA GULF COAST
9887 4TH STREET NORTH SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title D
Name FREIHEIT, SHARI
Address C/O ASSOCIA GULF COAST
9887 4TH STREET NORTH SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title D
Name PASCARELLA, JOSEPH
Address C/O ASSOCIA GULF COAST
9887 4TH STREET NORTH SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title D
Name ROEDING, KAREN
Address C/O ASSOCIA GULF COAST
9887 4TH STREET NORTH SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

Title D
Name LOPEZ-WALKER, JOANNA M.
Address C/O ASSOCIA GULF COAST
9887 4TH STREET NORTH SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702

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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: BRIAN MICHAELS

PRESIDENT

01/26/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name STRIANO, ROBERT
Address C/O ASSOCIA GULF COAST
9887 4TH STREET NORTH SUITE 104
City-State-Zip: ST. PETERSBURG FL 33702