

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758250

Entity Name: FOREST LAKES HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 19, 2024
Secretary of State
5196040031CC

Current Principal Place of Business:

C/O REALMANAGE
5523 W. CYPRESS STREET SUITE 102
TAMPA, FL 33607

Current Mailing Address:

C/O REALMANAGE
PO BOX 803555
DALLAS, TX 75380 US

FEI Number: 59-2266323

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 VP
Name BACON, PAULA
Address C/O REALMANAGE
5523 W. CYPRESS STREET SUITE 102
City-State-Zip: TAMPA FL 33607

Title TREASURER
Name GARRETT, KIM
Address C/O REALMANAGE
5523 W. CYPRESS STREET SUITE 102
City-State-Zip: TAMPA FL 33607

Title SECRETARY
Name BROWN, TIFFANY
Address C/O REALMANAGE
5523 W. CYPRESS STREET SUITE 102
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name PASCARELLA, JOSEPH
Address C/O REALMANAGE
5523 W. CYPRESS STREET SUITE 102
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name FREIHEIT, SHARI
Address C/O REALMANAGE
5523 W. CYPRESS STREET SUITE 102
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name ROEDING, KAREN
Address C/O REALMANAGE
5523 W. CYPRESS STREET SUITE 102
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name LOPEZ-WALKER, JOANNA
Address C/O REALMANAGE
5523 W. CYPRESS STREET SUITE 102
City-State-Zip: TAMPA FL 33607

Title PRESIDENT
Name STRIANO, ROBERT
Address C/O REALMANAGE
5523 W. CYPRESS STREET SUITE 102
City-State-Zip: TAMPA FL 33607

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: ROBERT STRIANO

PRESIDENT

03/19/2024

Electronic Signature of Signing Officer/Director Detail

Date