

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

DOCUMENT# 758250

**Entity Name:** FOREST LAKES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 07, 2023**  
**Secretary of State**  
**7897242989CC**

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

Title           PRESIDENT  
Name           MICHAELS, BRIAN  
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: BRIAN MICHAELS**

**PRESIDENT**

**02/07/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date