

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758250

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

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC9889782687**

**Current Principal Place of Business:**

720 BROOKER CREEK BLVD #206  
OLDSMAR, FL 34677

**Current Mailing Address:**

720 BROOKER CREEK BLVD #206  
OLDSMAR, FL 34677 US

**FEI Number: 59-2266323**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCANNAVINO, INC  
720 BROOKER CREEK BVLVD #206  
OLDSMAR, FL 34677 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 P  
Name DICANIO, GINO  
Address 400 LAKEVIEW DR  
City-State-Zip: OLDSMAR FL 34677

Title TD  
Name NORDMEIER, GENE  
Address 524 LAKEVIEW DRIVE  
City-State-Zip: OLDSMAR FL 34677

Title SD  
Name FLETCHER, LAURA  
Address 579 LONGWOOD COURT  
City-State-Zip: OLDSMAR FL 34677

Title VD  
Name CANNON, TONI  
Address 720 BROOKER CREEK BLVD #206  
City-State-Zip: OLDSMAR FL 34677

Title D  
Name DICANIO, CAROL  
Address 720 BROOKER CREEK BLVD. #206  
City-State-Zip: OLDSMAR FL 34677

Title D  
Name HUGHES, RAY  
Address 720 BROOKER CREEK BLVD #206  
City-State-Zip: OLDSMAR FL 34677

Title D  
Name LEE, BETTY  
Address 720 BROOKER CREEK BLVD #206  
City-State-Zip: OLDSMAR FL 34677

Title D  
Name ZIMMERMAN, WAYNE  
Address 720 BROOKER CREEK BLVD #206  
City-State-Zip: OLDSMAR FL 34677

**Continues on page 2**

*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: GINO DICANIO**

**PRESIDENT**

**03/02/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            D  
Name            ROGERS, PAUL  
Address        720 BROOKER CREEK BLVD #206  
City-State-Zip: OLDSMAR FL 34677