

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758250

**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 SD  
Name BROWN, TIFFANY  
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 ROEDING, KAREN  
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 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 PASCARELLA, JOSEPH  
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

**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:** 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