

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758250

Entity Name: FOREST LAKES HOMEOWNERS ASSOCIATION, INC.**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 BLVD #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	D
Name	ROGERS, PAUL
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	HUGHES, NICOLETTE
Address	720 BROOKER CREEK BLVD #206
City-State-Zip:	OLDSMAR FL 34677

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****01/31/2014**

Electronic Signature of Signing Officer/Director Detail

Date