

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760539

Entity Name: FOREST LAKES GOLF & TENNIS CLUB, BUILDING NO. 2, INC.**Current Principal Place of Business:**187 FOREST LAKES BLVD
NAPLES, FL 34105**Current Mailing Address:**187 FOREST LAKES BLVD
NAPLES, FL 34105 US**FEI Number:** 59-2176332**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRACEY, ROBERT TSR.
187 FOREST LAKES BLVD.
NAPLES, FL 33942 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	DVP
Name	KAROPULOS, WILLIAM
Address	499 FOREST LAKES BLVD, # 108
City-State-Zip:	NAPLES FL 34105

Title	D
Name	DOUGHERTY, JAMES
Address	499 FOREST LAKES BLVD, # 304
City-State-Zip:	NAPLES FL 34105

Title	DP
Name	LYNN, JAMES
Address	499 FOREST LAKES BLVD #301
City-State-Zip:	NAPLES FL 34105

Title	ST
Name	GRACEY, ROBERT
Address	187 FOREST LAKES BLVD
City-State-Zip:	NAPLES FL 34105

Title	D
Name	ENRIGHT, HELEN
Address	499 FOREST LAKES BLVD, # 107
City-State-Zip:	NAPLES FL 34105

Title	D
Name	SPANGLER, DORA
Address	499 FOREST LAKES BLVD. #105
City-State-Zip:	NAPLES, FL 34105

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 T. GRACEY**SECRETARY/TREASURER** 04/16/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date