

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18599

**FILED**  
**Feb 21, 2024**  
**Secretary of State**  
**1814544295CC**

**Entity Name:** FOREST LAKES OF COCOA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

113 ROSEWOOD DR.  
COCOA, FL 32926

**Current Mailing Address:**

113 ROSEWOOD DR.  
COCOA, FL 32926 US

**FEI Number:** 59-2781715

**Certificate of Status Desired:** No

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

HOLMES, PHYLLIS  
3903 SILKOAK CT  
COCOA, FL 32926 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 DIRECTOR, PRESIDENT  
Name HOLMES, PHYLLIS  
Address 3903 SILKOAK CT  
City-State-Zip: COCOA FL 32926

Title DIRECTOR  
Name GALLAGHER, MARTIN  
Address 108 FOREST LAKE DRIVE  
City-State-Zip: COCOA FL 32926

Title SECRETARY  
Name STALLINGS, CATHERINE  
Address 121 ROSEWOOD DR  
City-State-Zip: COCOA FL 32926

Title DIRECTOR  
Name ERICKSON, VICKIE  
Address 182 ROSEWOOD DRIVE  
City-State-Zip: COCOA FL 32926

Title DIRECTOR, VP  
Name RISSLER, DEBBIE  
Address 306 BOTTLEBRUSH CT  
City-State-Zip: COCOA FL 32926

Title DIRECTOR  
Name WHALEY, LEON  
Address 304 BUTTONWOOD CT.  
City-State-Zip: COCOA FL 32926

Title DIRECTOR  
Name LYMBURNER, CHERYL  
Address 301 BOTTLEBRUSH CT  
City-State-Zip: COCOA FL 32926

Title TREASURER  
Name MILNER, DAN  
Address 112 FOREST LAKES DR  
City-State-Zip: COCOA FL 32926

**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:** STALLINGS, CATHERINE

**BOARD SECRETARY**

**02/21/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           JOHNSON, PAT  
Address        300 BASSWOOD CT  
City-State-Zip: COCOA FL 32926

Title           DIRECTOR  
Name           DONOVAN, TIM  
Address        138 FOREST LAKE DRIVE  
City-State-Zip: COCOA FL 32926