

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31886

FILED
Mar 26, 2020
Secretary of State
3211612677CC

Entity Name: LAKE FOREST MASTER COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1631 E. VINE STREET
C/O ARTEMIS LIFESTYLES, INC SUITE 300
KISSIMMEE, FL 34744

Current Mailing Address:

1631 E. VINE STREET
C/O ARTEMIS LIFESTYLES, INC SUITE 300
KISSIMMEE, FL 34744 US

FEI Number: 61-1163762

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARTEMIS LIFESTYLE SERVICES, INC.
1631 E. VINE STREET
SUITE 300
KISSIMMEE, FL 34744 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: DAVID BURMAN

03/26/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FERRI, DAVID
Address 1631 E. VINE STREET
 C/O ARTEMIS LIFESTYLES, INC SUITE
 300
City-State-Zip: KISSIMMEE FL 34744

Title VP
Name PEREZ, RICARDO
Address 1631 E. VINE STREET
 C/O ARTEMIS LIFESTYLES, INC SUITE
 300
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name BRODY, JEFFREY
Address 1631 E. VINE STREET
 C/O ARTEMIS LIFESTYLES, INC SUITE
 300
City-State-Zip: KISSIMMEE FL 34744

Title SECRETARY
Name BERNSTEIN, MEL
Address 1631 E. VINE STREET
 C/O ARTEMIS LIFESTYLES, INC SUITE
 300
City-State-Zip: KISSIMMEE FL 34744

Title TREASURER
Name MISCHKE, JEFFREY
Address 1631 E. VINE STREET
 C/O ARTEMIS LIFESTYLES, INC SUITE
 300
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name PETERS, LINDA
Address 1631 E. VINE STREET
 C/O ARTEMIS LIFESTYLES, INC SUITE
 300
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name SELLERY , GEORGE
Address 1631 E. VINE STREET
 C/O ARTEMIS LIFESTYLES, INC SUITE
 300
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name PENNISI, JOSEPH
Address 1631 E. VINE STREET
 C/O ARTEMIS LIFESTYLES, INC SUITE
 300
City-State-Zip: KISSIMMEE FL 34744

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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: DAVID FERRI

PRESIDENT

03/26/2020

Officer/Director Detail Continued :

Title DIRECTOR
Name GAULT, RICHARD
Address 1631 E. VINE STREET
 C/O ARTEMIS LIFESTYLES, INC SUITE 300
City-State-Zip: KISSIMMEE FL 34744