## 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N31886

Entity Name: LAKE FOREST MASTER COMMUNITY ASSOCIATION, INC.

**FILED** May 19, 2023 Secretary of State 3893870396CC

## **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 05/19/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title DIRECTOR

Name GUERRA, LAWERENCE Name NOLAN, THOMAS

1631 E. VINE STREET 1631 E. VINE STREET Address Address

C/O ARTEMIS LIFESTYLES, INC SUITE C/O ARTEMIS LIFESTYLES, INC SUITE 300 300

KISSIMMEE FL 34744 KISSIMMEE FL 34744 City-State-Zip: City-State-Zip:

VΡ Title Title DIRECTOR

LAUDATO, JENNIFER DAVIDUKE, JASON Name Name

Address 1631 E. VINE STREET Address 1631 E. VINE STREET

> C/O ARTEMIS LIFESTYLES, INC SUITE C/O ARTEMIS LIFESTYLES, INC SUITE

City-State-Zip: KISSIMMEE FL 34744 City-State-Zip: KISSIMMEE FL 34744

**SECRETARY** Title DIRECTOR Title

Name WICKBERG, CHRISTIAN E Name BELLAMY, CONNIE A

1631 E. VINE STREET 1631 E. VINE STREET Address Address C/O ARTEMIS LIFESTYLES, INC SUITE C/O ARTEMIS LIFESTYLES, INC SUITE

300 300

KISSIMMEE FL 34744 City-State-Zip: KISSIMMEE FL 34744

Title **TREASURER** 

SELLERY, GEORGE 1631 EAST VINE STREET Address

SUITE 300

City-State-Zip:

Name

City-State-Zip: KISSIMMEE FL 34744

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.

05/19/2023 SIGNATURE: THOMAS NOLAN **DIRECTOR**