

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005653

**Entity Name:** FLORIDA LAKE MANAGEMENT SOCIETY, INC.**Current Principal Place of Business:**1008 LITTLE FAWN COURT  
APOPKA, FL 32712**Current Mailing Address:**PO BOX 345  
APOPKA, FL 32704 US**FEI Number: 52-1754014****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRISOVITCH, MARYANN  
1008 LITTLE FAWN COURT  
APOPKA, FL 32712 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 PAST PRESIDENT  
Name BRANDT, SHERRI  
Address 4049 REID STREET  
City-State-Zip: PALATKA FL 32177

Title PRESIDENT  
Name SAGAN, JENNIFER  
Address 6821 SW ARCHER RD  
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR  
Name OLSON, TODD  
Address 13097 TELECOM PARKWAY N.  
City-State-Zip: TAMPA FL 33637

Title TREASURER  
Name PERRY, MICHAEL  
Address 107 N. LAKE AVE  
City-State-Zip: TAVARES FL 32778

Title SECRETARY  
Name WALKINSHAW, JOHN  
Address 13097 TELECOM PKWY N  
City-State-Zip: TAMPA FL 33637

Title DIRECTOR  
Name ROUSE-CAMPBELL, KYM  
Address 10150 HIGHLAND MANOR DRIVE  
SUITE 440  
City-State-Zip: TAMPA FL 33610

Title DIRECTOR  
Name KEENAN, LAWRENCE  
Address 4049 REID STREET  
City-State-Zip: PALATKA FL 32177

Title DIRECTOR  
Name BIGHAM, DANA  
Address 7922 NW 71ST STREET  
City-State-Zip: GAINESVILLE FL 32653

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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: MICHAEL J. PERRY****TREASURER****01/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JEFF, HOLLAND  
Address 2191 S. SERVICE LANE  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title DIRECTOR  
Name MARSHALL , DANIELLE  
Address 225 NEWBURYPORT DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR  
Name KEENAN, LAWRENCE  
Address 4049 REID STREET  
City-State-Zip: PALATKA FL 32177

Title DIRECTOR  
Name LUMBARD, LANCE  
Address 75 E AMELIA ST  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name DUARTE , SERGIO  
Address 800 MERCY DRIVE  
SUITE 4  
City-State-Zip: ORLANDO FL 32808