

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005653

Entity Name: FLORIDA LAKE MANAGEMENT SOCIETY, INC.**Current Principal Place of Business:**6701 LAKE KIRKLAND DRIVE
CLERMONT, FL 34714**Current Mailing Address:**6701 LAKE KIRKLAND DRIVE
CLERMONT, FL 34714 US**FEI Number:** 52-1754014**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRISOVITCH, MARYANN
6701 LAKE KIRKLAND DRIVE
CLERMONT, FL 34714 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
Name HART, RONALD
Address 27351 SR 19
City-State-Zip: TAVARES FL 32778

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

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

Title PAST PRESIDENT
Name DUARTE, SERGIO
Address 27351 SR 19
City-State-Zip: TAVARES FL 32778

Title EXECUTIVE DIRECTOR
Name KRISOVITCH, MARYANN
Address 6701 LAKE KIRKLAND DRIVE
City-State-Zip: CLERMONT FL 34714

Title SECRETARY
Name WETZEL, SHANNON CARTER
Address 200 W. COUNTY HOME RD
City-State-Zip: SANFORD FL 32773

Title DIRECTOR
Name WILLIAMS, MARISSA
Address 95 TRIPLET LAKE DRIVE
City-State-Zip: CASSELBERRY FL 32707

Title PRESIDENT
Name BURNES, ROBERT
Address 22211 US HWY 19N
BLDG 10
City-State-Zip: CLEARWATER FL 33765

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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: MARYANN KRISOVITCH**EXECUTIVE DIRECTOR****03/04/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name EBY, GLORIA
Address 200 W. COUNTY HOME RD
City-State-Zip: SANFORD FL 32773

Title DIRECTOR
Name MONTGOMERY, STEPHEN
Address 6900 SW 21ST COURT
BLDG 9
City-State-Zip: DAVIE FL 33317

Title DIRECTOR
Name SCHMUTZ, DAN
Address 423 S. KELLER RD
300
City-State-Zip: ORLANDO FL 32810

Title DIRECTOR
Name THOMAS, SERGE
Address 10501 FGCU BLVD S
FT. MYERS LIBRARY 464G
City-State-Zip: FORT MYERS FL 33965

Title DIRECTOR
Name ALI, EESA
Address 8306 LAUREL FAIR CIRCLE
120
City-State-Zip: TAMPA FL 33610

Title DIRECTOR
Name LASSO DE LA VEGA, ERNESTO
Address PO BOX 60005
City-State-Zip: FORT MYERS FL 33906

Title VP
Name HUFFINES, ROBBIN
Address 2100 NW 33RD ST
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name SMITH, JEFF
Address 707 E. THIRD AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR
Name ROTEN, RORY
Address 701 JEFFERSON AVE
City-State-Zip: LAKELAND FL 33801