

2017 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 PRESIDENT
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 VP
Name DUARTE , SERGIO
Address 27351 SR 19
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name GOODWIN, PATRICK
Address 2100 NW 33RD ST
City-State-Zip: POMPANO BEACH FL 33069

Title PAST PRESIDENT
Name WALKINSHAW, JOHN
Address 3211 BANYAN HILL LANE
City-State-Zip: LAND O LAKES FL 34639

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

Title ASST. SECRETARY
Name KRISOVITCH, MARYANN
Address 1008 LITTLE FAWN COURT
City-State-Zip: APOPKA FL 32712

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

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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**ASST SECRETARY****01/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name CYZYCKI, NILES
Address 643 S. CLYDE MORRIS BLVD
UNIT 302
City-State-Zip: PORT ORANGE FL 32129

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

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

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