

2016 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	DIRECTOR
Name	OLSON, TODD
Address	1860 W 10TH ST
City-State-Zip:	RIVIERA BEACH FL 33404

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

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

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

Title	VP
Name	HART, RONALD
Address	27351 SR 19
City-State-Zip:	TAVARES FL 32778

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

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

Title	SECRETARY
Name	ARDEN, SAM
Address	102 PHELPS LAB PO BOX 116350
City-State-Zip:	GAINESVILLE FL 32611

Continues on page 2

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****01/15/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GRIFFIN, JAMES
Address 4202 E. FOWLER AVE HMS 301
City-State-Zip: TAMPA FL 33620

Title DIRECTOR
Name BAIRD, RICK
Address 1 COURTHOUSE SQUARE
SUITE 1100
City-State-Zip: KISSIMMEE FL 34741

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

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

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

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