

**2020 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 PAST PRESIDENT  
Name DUARTE, SERGIO  
Address 27351 SR 19  
City-State-Zip: TAVARES FL 32778

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

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

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

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

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

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

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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****01/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name EGAN, TIM  
Address 401 PARK AVE SOUTH  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name STEPHENS, DANA  
Address 100 COLLEGE BLVD  
City-State-Zip: NICEVILLE FL 32578

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

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