

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 760539

1. Entity Name

FOREST LAKES GOLF & TENNIS CLUB, BUILDING NO. 2,
INC.



Principal Place of Business

187 FOREST LAKES BLVD
NAPLES, FL 34105 US

Mailing Address

187 FOREST LAKES BLVD
NAPLES, FL 34105 US



04122007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2176332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRACEY, ROBERT T.
187 FOREST LAKES BLVD.
NAPLES, FL 33942

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	KAROPULOS, WILLIAM
STREET ADDRESS	499 FOREST LAKES BLVD, # 108
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	ST
NAME	GRACEY, ROBERT
STREET ADDRESS	187 FOREST LAKES BLVD
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	D
NAME	DOUGHERTY, JAMES
STREET ADDRESS	499 FOREST LAKES BLVD, # 304
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	D
NAME	COULES, HARRY
STREET ADDRESS	499 FOREST LAKES BLVD, # 310
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	DP
NAME	LYNN, JAMES
STREET ADDRESS	499 FOREST LAKES BLVD
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/01/07-80015-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert T. Gracey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/07

Date

238-649-5667

Daytime Phone #