

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 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



04152008 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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000907770
05/06/08-80001-015 61.25

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**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-08

239-649-5267