

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005763

FILED
Apr 20, 2010
Secretary of State

Entity Name: FOREST LAKE TOWNHOMES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

% TROPICAL ISLES MANAGEMENT SERVICES INC
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907

New Principal Place of Business:

% TROPICAL ISLES MANAGEMENT SERVICES INC
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907 US

Current Mailing Address:

% TROPICAL ISLES MANAGEMENT SERVICES INC
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907

New Mailing Address:

% TROPICAL ISLES MANAGEMENT SERVICES INC
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907 US

FEI Number: 01-0805374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN.
STE. 49
FT. MYERS, FL 33907 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: JENNIFER C. WORTHINGTON

04/20/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CRAWFORD, MELISSA
Address: 3003 PALMETTO OAK DR., #102
City-St-Zip: FT. MYERS, FL 33916 US

Title: VP
Name: ACCOLA, MICHELLE
Address: 3635 PINE OAK CIRCLE #103
City-St-Zip: FT. MYERS, FL 33916

Title: S/T
Name: CAFFARELLI, CHARLIE
Address: 3009 PALMETTO OAK DR. # 106
City-St-Zip: FT. MYERS, FL 33916

Title: D
Name: FERRY, COLTON
Address: 3638 PINE OAK CIRCLE, #101
City-St-Zip: FT. MYERS, FL 33916

Title: D
Name: KILTZ, BRAD
Address: 3630 PINE OAK CIRCLE, #103
City-St-Zip: FT. MYERS, FL 33916

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: CHARLIE CAFFARELLI

S/T

04/20/2010

Electronic Signature of Signing Officer or Director

Date