

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005763

FILED
Feb 23, 2012
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 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 01-0805374 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN.
STE. 49
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: CRAWFORD, MELISSA
Address: 12734 KENWOOD LN., STE. 49
City-St-Zip: FT. MYERS, FL 33907 US

Title: VP
Name: KILTZ, BRAD
Address: 12734 KENWOOD LN., STE. 49
City-St-Zip: FT. MYERS, FL 33907

Title: S
Name: STRING, KEVIN
Address: 12734 KENWOOD LN., STE. 49
City-St-Zip: FT. MYERS, FL 33907

Title: T
Name: ADAMS, JACK
Address: 12734 KENWOOD LN., STE. 49
City-St-Zip: FT. MYERS, FL 33907

Title: D
Name: GOFF, GARY
Address: 12734 KENWOOD LN., STE. 49
City-St-Zip: FT. MYERS, FL 33907

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: MELISSA CRAWFORD

P

02/23/2012

Electronic Signature of Signing Officer or Director

Date