

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723103

**Entity Name:** FOREST LAKES PARK COMMUNITY ASSOCIATION, INC

**Current Principal Place of Business:**

COMMUNITY CENTER  
9528 SE 190TH AVE.  
OCKLAWAHA, FL 32179

**Current Mailing Address:**

COMMUNITY CENTER  
9528 SE 190TH AVE.  
OCKLAWAHA, FL 32179

**FEI Number:** 72-3103520

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALKER, JACQUELINE L.  
19651 SE 92ND PLACE  
OCKLAWAHA, FL 32179 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:** JACQUELINE L. WALKER

05/24/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RYAN, ROBERT  
Address        9480 SE 193RD AVENUE  
City-State-Zip: OCKLAWAHA FL 32179

Title            TRES  
Name            WALKER, JACQUELINE  
Address        19651 SE 92ND PLACE  
City-State-Zip: OCKLAWAHA FL 32179

Title            VP  
Name            FISHER, KEVIN  
Address        9180 SE 196TH AVENUE  
City-State-Zip: OCKLAWAHA FL 32179

Title            S  
Name            RYAN, PATRICIA  
Address        9480 SE 193RD AVE  
City-State-Zip: OCKLAWAHA FL 32179

Title            DIRECTOR  
Name            JERRY, PATTERSON  
Address        19310 SE 91ST PLACE  
City-State-Zip: OCKLAWAHA FL 32179

Title            D  
Name            VENDITTI, JOSEF  
Address        19491 SE 95TH STREET  
City-State-Zip: OCKLAWAHA FL 32179

Title            DIRECTOR  
Name            VENDITTI, LORIANN  
Address        19491 SE 95TH STREET  
City-State-Zip: OCKLAWAHA FL 32179

Title            DIRECTOR  
Name            FISHER, CHRISTINA  
Address        9180 SE 196TH AVENUE  
City-State-Zip: OCKLAWAHA FL 32179

**Continues on page 2**

*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:** JACQUELINE WALKER

**TREASURER**

05/24/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PATTERSON, MICHAEL  
Address        19310 SE 91ST PLACE  
City-State-Zip: OCKLAWAHA FL 32179