

**2013 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:**

RYAN, ROBERT WJR  
9461 SW 192ND CT  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MUNGER, JOHN WJR  
Address 9150 SE 193RD AVE  
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 RYAN, ROBERT  
Address 9480 SE 193RD AVE  
City-State-Zip: OCKLAWAHA FL 32179

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

Title D  
Name STEVENS, LEROY  
Address 9130 SE 197 ST  
City-State-Zip: OCKLAWAHA FL 32179

Title D  
Name HARRISON, MEL  
Address 9360 SE 192ND PLACE  
City-State-Zip: OCKLAWAHA FL 32179

*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 L WALKER

**TREASURER**

**05/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date