### **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 723103** 

Entity Name: FOREST LAKES PARK COMMUNITY ASSOCIATION, INC

FILED
Mar 12, 2021
Secretary of State
8383291383CC

## **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: Yes

### Name and Address of Current Registered Agent:

VOORHEES, DIEDRE COMMUNITY CENTER 9528 SE 190TH AVE. 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: DIEDRE VOORHEES 03/12/2021

Electronic Signature of Registered Agent Date

### Officer/Director Detail:

Title	PRESIDENT	Title	TREASURER
Name	FISHER, KEVIN	Name	VOORHEES, DIEDRE
Address	9180 SE 196TH AVENUE	Address	9269 SE 197TH AVENUE
City-State-Zip:	OCKLAWAHA FL 32179	City-State-Zip:	OCKLAWAHA FL 32179
Titlo	\/D	Titla	SECRETARY

Title VP	Title	SECRETARY
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Name	LITKE, LORI	Name	ROBINSON, RACHEL
Address	19449 SE 95TH STREET	Address	9375 SE 191ST COURT
City-State-Zip:	OCKLAWAHA FL 32179	City-State-Zip:	OCKLAWAHA FL 32179

Title	DIRECTOR	Title	DIRECTOR
Litle	DIRECTOR	Tiuc	DINECTOR

Name	CHITE, KAREN	Name	SCHRIMSHER, JAY
Address	9339 SE 197TH AVENUE	Address	9049 SE 196TH TERRACE
City-State-Zip:	OCKLAWAHA FL 32179	City-State-Zip:	OCKLAWAHA FL 32179

Title	DIRECTOR	Title	DIRECTOR
rine	DIRECTOR		

Name	BRENDA, FAFORD	Name	PATTERSON, JERRY
Address	19120 SE 90TH LANE	Address	19310 SE 91ST PLACE
City-State-Zip:	OCKLAWAHA FL 32179	City-State-Zip:	OCKLAWAHA FL 32179

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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: DIEDRE VOORHEES TREASURER

Electronic Signature of Signing Officer/Director Detail

03/12/2021 Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name FREIDMAN, LEANNE Name HODGIN, GRACE

Address 9240 SE 197TH AVENUE Address 9300 SE 189TH TERRACE
City-State-Zip: OCKLAWAHA FL 32179 City-State-Zip: OCKLAWAHA FL 32179

Title DIRETOR Title DIRECTOR - ALTERNATE

Name WILEY, WILLIAM Name HOPE, BLAINE

Address 9395 SE 195TH AVENUE Address 9141 SE 197TH AVENUE
City-State-Zip: OCKLAWAHA FL 32179 City-State-Zip: OCKLAWAHA FL 32179

Title DIRECTOR - ALTERNATE

Name KEMERY, ALAN

Address 9151 SE 196TH TERRACE
City-State-Zip: OCKLAWAHA FL 32179