

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754584

FILED
Apr 21, 2014
Secretary of State
CC2279957234

Entity Name: FOREST LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652

Current Mailing Address:

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652

FEI Number: 59-2307872

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC.
5837 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652 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 PRESIDENT
Name TROY, CHARLES
Address COMMUNITY MANAGEMENT
 SERVICES, INC.
 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY
Name MURRIN, CONNIE
Address COMMUNITY MANAGEMENT
 SERVICES, INC.
 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title VP
Name DINAN, STEPHEN
Address COMMUNITY MANAGEMENT
 SERVICES, INC.
 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title TREASURER
Name MASON RIGANO, NANCY
Address COMMUNITY MANAGEMENT
 SERVICES, INC.
 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title D
Name SAPIENZA, JOSEPH
Address 5837 TROUBLE CREEK ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

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: CHARLES TROY

PRESIDENT

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date