

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754584

**FILED  
Apr 20, 2015  
Secretary of State  
CC9439268942**

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

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

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

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

Title            DIRECTOR  
Name            SAPIENZA, JOE  
Address        COMMUNITY MANAGEMENT  
                  SERVICES, INC.  
                  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: NANCY RIGANO**

**PRESIDENT**

**04/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date