

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754584

**FILED  
Mar 19, 2025  
Secretary of State  
6201439135CC**

**Entity Name:** FOREST LAKE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

COASTAL MGMT  
6454 RIDGE RD  
PORT RICHEY, FL 34668

**Current Mailing Address:**

COASTAL MGMT  
P.O BOX 1407  
PORT RICHEY, FL 34673 US

**FEI Number:** 59-2307872

**Certificate of Status Desired:** No

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

COASTAL HOA MGMT SERV INC  
COASTAL MGMT  
P.O BOX 1407  
PORT RICHEY, FL 34673 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:** MARYANN SYRASKI

03/19/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WASSON, STEVEN  
Address        COASTAL MGMT  
                  P.O BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

Title            SECRETARY  
Name            GILMORE, SAMANTHA  
Address        COASTAL MGMT  
                  P.O BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

Title            VP  
Name            KATAT, RICHARD  
Address        COASTAL MGMT  
                  P.O BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

Title            TRE  
Name            SCULLION, ELIZABETH  
Address        COASTAL MGMT  
                  P.O BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

Title            DIR  
Name            HARTLING, KATHY  
Address        COASTAL MGMT  
                  P.O BOX 1407  
City-State-Zip: PORT RICHEY FL 34673

*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:** WASSON , STEVEN

PRE

03/19/2025

Electronic Signature of Signing Officer/Director Detail

Date