

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756315

Entity Name: FOREST LAKE ESTATES CIVIC ASSOCIATION OF PORT RICHEY, INC.**Current Principal Place of Business:**8924 BARI COURT
PORT RICHEY, FL 34668**Current Mailing Address:**C/O ILEAN CORNELL
8924 BARI COURT
PORT RICHEY, FL 34668 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PEYTON, DON
7317 LITTLE ROAD
NEW PORT RICHEY, FL 34654 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	TREASURER
Name	CORNELL, ILEAN B
Address	8924 BARI COURT
City-State-Zip:	PORT RICHEY FL 34668

Title	D
Name	MCLEAN, MARJORIE
Address	8910 FOREST LAKE DRIVE
City-State-Zip:	PORT RICHEY FL 34668

Title	DIRECTOR
Name	CORNELL, JIM
Address	8924 BARI CT
City-State-Zip:	PORT RICHEY FL 34668

Title	D, DIRECTOR
Name	BUSCETTA, VINCENT
Address	7541 HIGH PINES COURT
City-State-Zip:	PORT RICHEY FL 34668

Title	VP
Name	BOCHLAS, TOM
Address	7564 LAKE FOREST DRIVE
City-State-Zip:	PORT RICHEY FL 34668

Title	SECRETARY
Name	WINTERLING, CHRISTINE
Address	7618 LAKE FOREST CIRCLE
City-State-Zip:	PORT RICHEY FL 34668

Title	PRESIDENT
Name	STEVENS, MIKE
Address	7549 HIGH PINES CT.
City-State-Zip:	PORT RICHEY FL 34668

Title	DIRECTOR
Name	BONANNO, ELAINE
Address	7615 TALL CREEK CT
City-State-Zip:	PORT RICHEY FL 34668

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: ILEAN CORNELL**TREASURER****03/07/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date