

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000466

Entity Name: FOREST LAKE ESTATES NON SHAREHOLDERS
HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6056 UTOPIA DRIVE
ZEPHYRHILLS, FL 33540**Current Mailing Address:**6056 UTOPIA DRIVE
ZEPHYRHILLS, FL 33540 US**FEI Number: 59-3617660****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PHELPS, SUSAN L
6056 UTOPIA DRIVE
ZEPHYRHILLS, FL 33540 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:** SUSAN L PHELPS**02/19/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREA
Name PHELPS, SUSAN L
Address 6056 UTOPIA DRIVE
City-State-Zip: ZEPHYRHILLS FL 33540

Title PRES
Name DILL, JAMES
Address 5903 JESSUP DR
City-State-Zip: ZEPHYRHILLS FL 33540

Title DIRECTOR
Name JOHNSON, KAY DR.
Address 6050 JESSUP DR
City-State-Zip: ZEPHYRHILLS FL 33540

Title VP
Name WILSON, GERALD
Address 5945 JESSUP DR
City-State-Zip: ZEPHYRHILLS FL 33540

Title SECRETARY
Name UZZOLINO, GINA
Address 6041 TWILIGHT DR
City-State-Zip: ZEPHYRHILLS FL 33540

Title DIRECTOR
Name SHAPIRO, LARRY
Address 5640 VIAU WAY
City-State-Zip: ZEPHYRHILLS FL 33540

Title DIRECTOR
Name PELC, EDWARD
Address 6313 PRESIDENTIAL CIRCLE
City-State-Zip: ZEPHYRHILLS FL

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: SUSAN L PHELPS**TREASURER****02/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date