

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005090

**FILED**  
**Jan 27, 2013**  
**Secretary of State**  
**CC3168548237**

**Entity Name:** FOREST LAKES PRESERVE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

6156 SABAL POINT CIRCLE  
PORT ORANGE, FL 32128

**Current Mailing Address:**

% KAREN KOCH INC.  
P.O. BOX 291282  
PORT ORANGE, FL 32129

**FEI Number: 03-0461612**

**Certificate of Status Desired: No**

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

KOCH, KAREN  
6156 SABAL POINT CIRCLE  
PORT ORANGE, FL 32128 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 PD  
Name ANTONY, DEE  
Address 1856 CHORPASH LANE  
City-State-Zip: PORT ORANGE FL 32128

Title SD  
Name CAMPBELL, TERESA  
Address 5467 WARD LAKE DIRVE  
City-State-Zip: PORT ORANGE FL 32128

Title T  
Name CHANNELL, HAROLD  
Address 5454 WARD LAKE DRIVE  
City-State-Zip: PORT ORANGE FL 32128

Title VP  
Name CONDERCURI, TONI  
Address 5400 WARD LAKE DRIVE  
City-State-Zip: PORT ORANGE FL 32128

Title D  
Name GAMBINO, JOE  
Address 5451 CARMODY LAKE DRIVE  
City-State-Zip: PORT ORANGE FL 32128

*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: DEE ANTONY**

**PRESIDENT**

**01/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date