## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0300005763

Entity Name: FOREST LAKE TOWNHOMES HOMEOWNER'S ASSOCIATION, INC.

## **Current Principal Place of Business:**

TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LANE, SUITE 49 FORT MYERS, FL 33907

## **Current Mailing Address:**

TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LANE, SUITE 49 FORT MYERS, FL 33907 US

## FEI Number: 01-0805374

## Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LN. STE. 49 FT. MYERS, FL 33907 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

# Officer/Director Detail :

|  | Title           | PRESIDENT   | Title           | VP  |
|--|-----------------|---|-----------------|---|
|  | Name            | FRASER, JIM   | Name            | PISCITELLI, ANTONIO   |
|  | Address         | TROPICAL ISLES MANAGEMENT<br>SERVICES, INC.<br>12734 KENWOOD LANE, SUITE 49 | Address         | TROPICAL ISLES MANAGEMENT<br>SERVICES, INC.<br>12734 KENWOOD LANE, SUITE 49 |
|  | City-State-Zip: | FORT MYERS FL 33907   | City-State-Zip: | FORT MYERS FL 33907   |
|  |                 |   |                 |   |
|  | Title           | VP  | Title           | SECRETARY   |
|  | Name            | HICKEY, JUNE  | Name            | SPIES, BOB  |
|  | Address         | TROPICAL ISLES MANAGEMENT<br>SERVICES, INC.<br>12734 KENWOOD LANE, SUITE 49 | Address         | TROPICAL ISLES MANAGEMENT<br>SERVICES, INC.<br>12734 KENWOOD LANE, SUITE 49 |
|  | City-State-Zip: | FORT MYERS FL 33907   | City-State-Zip: | FORT MYERS FL 33907   |
|  | Title           | TREASURER   |                 |   |

 
 Name
 FRY, JAMIE

 Address
 TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LANE, SUITE 49

 City-State-Zip:
 FORT MYERS FL 33907

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: JIM FRASER

PRESIDENT

04/23/2024

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date