

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 28, 2014
Secretary of State
CC8629593586

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

Certificate of Status Desired: No

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

Date

Officer/Director Detail :

Title P
Name DILNY, DAVE
Address 12734 KENWOOD LN., STE. 49
City-State-Zip: FT. MYERS FL 33907

Title VP
Name LUNEBURG, ARLENE
Address 12734 KENWOOD LN., STE. 49
City-State-Zip: FT. MYERS FL 33907

Title S
Name CALLAHAN, KEN
Address 12734 KENWOOD LN., STE. 49
City-State-Zip: FT. MYERS FL 33907

Title T
Name SCHULER, ERIC
Address 12734 KENWOOD LN., STE. 49
City-State-Zip: FT. MYERS FL 33907

Title D
Name RUSSIAN, WILFREDO
Address 12734 KENWOOD LN., STE. 49
City-State-Zip: FT. 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: DAVE DILNY

P

03/28/2014

Electronic Signature of Signing Officer/Director Detail

Date