

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005763

FILED
Mar 18, 2020
Secretary of State
7905458868CC

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 PRESIDENT
Name FRASER, JIM
Address 12734 KENWOOD LN., STE. 49
City-State-Zip: FT. MYERS FL 33907

Title TREASURER
Name HICKEY, JUNE
Address 12734 KENWOOD LN., STE. 49
City-State-Zip: FT. MYERS FL 33907

Title DIRECTOR
Name FARLEY, SHERRY
Address TROPICAL ISLES MANAGEMENT SERVICES, INC.
 12734 KENWOOD LANE, SUITE 49
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name WILKINS, STEVEN
Address 12734 KENWOOD LN., STE. 49
City-State-Zip: FT. MYERS FL 33907

Title VP
Name CARNEVALLA, NAT
Address TROPICAL ISLES MANAGEMENT SERVICES, INC.
 12734 KENWOOD LANE, SUITE 49
City-State-Zip: FORT MYERS FL 33907

Title SECRETARY
Name SPIES, BOB
Address TROPICAL ISLES MANAGEMENT SERVICES, INC.
 12734 KENWOOD LANE, SUITE 49
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name DUROCHER, MICHEL
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

03/18/2020

Electronic Signature of Signing Officer/Director Detail

Date