

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

DOCUMENT# N03000005763

**FILED**  
**Apr 03, 2013**  
**Secretary of State**  
**CC9423020050**

**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: ARLENE LUNEBURG**

**VP**

**04/03/2013**

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

\_\_\_\_\_  
Date