

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009997

**Entity Name:** FOREST LAKES COMMUNITY OWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC6816206627**

**Current Principal Place of Business:**

7 TOWN CENTER LOOP  
STE. C16  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

P.O. BOX 1247  
SANTA ROSA BEACH, FL 32459

**FEI Number: 06-1716560**

**Certificate of Status Desired: Yes**

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

IRWIN, JIM  
7 TOWN CENTER LOOP  
STE. C16  
SANTA ROSA BEACH, FL 32459 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 KAUFMAN, ROBERT L  
Address 218 ASH STREET  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title TD  
Name TANGUIS, THOMAS  
Address 4221 COMMONS DRIVE  
UNIT 2403  
City-State-Zip: DESTIN FL 32541

Title S, D  
Name LEBLANC-BOCK, DENISE  
Address 308 VENTANA BOULEVARD  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title VD  
Name TORREY, CHUCK  
Address 825 ROBIN HOOD ROAD  
City-State-Zip: KNOXVILLE TN 37919

*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: ROBERT L. KAUFMAN**

**PRESIDENT**

**04/27/2015**

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

\_\_\_\_\_  
Date