

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009996

**Entity Name:** FOREST LAKES ELEMENTARY PTO, INC.

**Current Principal Place of Business:**

301 PINE AVENUE N.  
OLDSMAR, FL 34677

**Current Mailing Address:**

301 PINE AVENUE N.  
OLDSMAR, FL 34677 US

**FEI Number:** 47-5305639

**Certificate of Status Desired:** No

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

KARNIEWICZ, JUDY ESQ.  
3834 W HUMPHREY ST.  
TAMPA, FL 33614 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 DT  
Name PAGES, RACHEL  
Address 301 PINE AVENUE N.  
City-State-Zip: OLDSMAR FL 34677

Title S, DIRECTOR  
Name EADDY, ALLISON  
Address 301 PINE AVENUE N.  
City-State-Zip: OLDSMAR FL 34677

Title P, DIRECTOR  
Name SLEDD, BETH  
Address 301 PINE AVENUE N.  
City-State-Zip: OLDSMAR FL 34677

Title VP, DIRECTOR  
Name VOTAW, LISA  
Address 301 PINE AVENUE N.  
City-State-Zip: OLDSMAR FL 34677

Title VP, DIRECTOR  
Name MEACHUM, KATHY  
Address 301 PINE AVENUE N.  
City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR  
Name BURNHAM, BETH  
Address 301 PINE AVENUE N.  
City-State-Zip: OLDSMAR FL 34677

*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:** RACHEL PAGES

DT

03/14/2018

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

\_\_\_\_\_  
Date