

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15176

**FILED**  
**May 07, 2021**  
**Secretary of State**  
**7558260324CC**

**Entity Name:** FOREST LAKE TOWNHOMES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

% J & L PROPERTY MANAGEMENT, INC.  
10191 WEST SAMPLE ROAD, SUITE 203  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

% J & L PROPERTY MANAGEMENT, INC.  
10191 WEST SAMPLE ROAD, SUITE 203  
CORAL SPRINGS, FL 33065

**FEI Number:** 65-0181582

**Certificate of Status Desired:** No

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

CALDERAZZO, JAMES  
C/O J & L PROPERTY MGMT INC.  
10191 W SAMPLE RD SUITE 203  
CORAL SPRINGS, FL 33065 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 CROUP, SAMUEL  
Address 10191 W SAMPLE RD  
203  
City-State-Zip: CORAL SPRINGS FL 33065

Title T  
Name PARIS, JOANN  
Address 10191 W SAMPLE RD  
203  
City-State-Zip: CORAL SPRINGS FL 33065

Title S  
Name MANISCALCO, LILLIAN  
Address 10191 W SAMPLE RD  
203  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name GOODINE, ANNETTE  
Address 10191 W SAMPLE RD  
203  
City-State-Zip: CORAL SPRINGS FL 33065

Title VP  
Name SAMET, LAURIE  
Address 10191 W SAMPLE RD  
203  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name KAVANAUGH, NANCY ANN  
Address 10191 W SAMPLE RD  
203  
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR  
Name BROUCKAERT, JANET  
Address J & L PROPERTY MANAGEMENT, INC.  
10191 WEST SAMPLE ROAD SUITE  
203  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** JOANN PARIS

T

05/07/2021

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

\_\_\_\_\_  
Date