2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15176

Entity Name: FOREST LAKE TOWNHOMES OWNERS ASSOCIATION, INC.

FILED
Mar 28, 2024
Secretary of State
5988911342CC

Current Principal Place of Business:

C/O CHOICE PROPERTY MANAGEMENT GROUP 6175 NW 167TH STREET SUITE G9 MIAMI, FL 33015

Current Mailing Address:

C/O CHOICE PROPERTY MANAGEMENT GROUP 6175 NW 167TH STREET SUITE G9 MIAMI, FL 33015 US

FEI Number: 65-0181582 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAIGE LAW GROUP 9500 SOUTH DADELAND BOULEVARD SUITE 550 MIAMI, FL 33156 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: ROBERT PAIGE 03/28/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title SECRETARY, TREASURER Title D

Name MANISCALCO, LILLIAN Name GOODINE, ANNETTE

Address C/O CHOICE PROPERTY Address C/O CHOICE PROPERTY

MANAGEMENT GROUP

MANAGEMENT GROUP

CAZE NIM 467TH GENERAL GEN

6175 NW 167TH STREET SUITE G9 6175 NW 167TH STREET SUITE G9

City-State-Zip: MIAMI FL 33015 City-State-Zip: MIAMI FL 33015

Title PRESIDENT Title D

Name ANDRADE, RAYSA Name KAVANAUGH, NANCY ANN

Address C/O CHOICE PROPERTY Address C/O CHOICE PROPERTY

MANAGEMENT GROUP MANAGEMENT GROUP

6175 NW 167TH STREET SUITE G9 6175 NW 167TH STREET SUITE G9

City-State-Zip: MIAMI FL 33015 City-State-Zip: MIAMI FL 33015

Title VP Title DIRECTOR

Name VUOLO, ANGELA Name SINGH, RUBEN

Address C/O CHOICE PROPERTY Address C/O CHOICE PROPERTY

MANAGEMENT GROUP MANAGEMENT GROUP

6175 NW 167TH STREET SUITE G9 6175 NW 167TH STREET SUITE G9

City-State-Zip: MIAMI FL 33015 City-State-Zip: MIAMI FL 33015

Title DIRECTOR Title DIRECTOR

NameBARANOWSKI, DENISENameALBALADEJO, LOURDESAddressC/O CHOICE PROPERTYAddressC/O CHOICE PROPERTY

Address C/O CHOICE PROPERTY Address C/O CHOICE PROPERTY
MANAGEMENT GROUP MANAGEMENT GROUP

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Continues on page 2

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.

Officer/Director Detail Continued:

Title DIRECTOR

Name ZILG, THERESA

C/O CHOICE PROPERTY MANAGEMENT GROUP 6175 NW 167TH STREET SUITE G9 Address

City-State-Zip: MIAMI FL 33015