

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005500

**Entity Name:** FOREST LAKES MASTER ASSOCIATION, INC.

**FILED**  
**Mar 17, 2020**  
**Secretary of State**  
**9388474765CC**

**Current Principal Place of Business:**

C/O LYNX PROPERTY SERVICES, LLC  
12485 SW 137 AVE. STE. 309  
MIAMI, FL 33186

**Current Mailing Address:**

C/O LYNX PROPERTY SERVICES, LLC  
12485 SW 137 AVE. STE. 309  
MIAMI, FL 33186 US

**FEI Number: 65-0654637**

**Certificate of Status Desired: No**

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

PEREZ-SIAM, FRANK P.A.  
7001 SW 87 COURT  
MIAMI, FL 33173 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 TOOKER, DENNIS  
Address C/O LYNX PROPERTY SERVICES, LLC  
12485 SW 137 AVE. STE. 309  
City-State-Zip: MIAMI FL 33186

Title T  
Name MAZZIO, LOUIS J.  
Address C/O LYNX PROPERTY SERVICES, LLC  
12485 SW 137 AVE. STE. 309  
City-State-Zip: MIAMI FL 33186

Title D  
Name GOMEZ, JORGE  
Address C/O LYNX PROPERTY SERVICES, LLC  
12485 SW 137 AVE. STE. 309  
City-State-Zip: MIAMI FL 33186

Title D  
Name CARDONA, ANDRES  
Address C/O LYNX PROPERTY SERVICES, LLC  
12485 SW 137 AVE. STE. 309  
City-State-Zip: MIAMI FL 33186

Title VP  
Name ESCOBAR, MAURICIO  
Address C/O LYNX PROPERTY SERVICES, LLC  
12485 SW 137 AVE. STE. 309  
City-State-Zip: MIAMI FL 33186

Title S  
Name BARRIOS, GUSTAVO  
Address C/O LYNX PROPERTY SERVICES, LLC  
12485 SW 137 AVE. STE. 309  
City-State-Zip: MIAMI FL 33186

Title DIRECTOR  
Name OLIVENCE, JUAN  
Address C/O LYNX PROPERTY SERVICES, LLC  
12485 SW 137 AVE. STE. 309  
City-State-Zip: MIAMI FL 33186

*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: DENNIS TOOKER**

**PRESIDENT**

**03/17/2020**

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

\_\_\_\_\_  
Date