

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 23, 2015

**Secretary of State
CC8901868954**

DOCUMENT# N96000001988

Entity Name: FOREST LAKE SOCIAL CLUB, INC.

Current Principal Place of Business:

6355 SPRING LAKE CIRCLE
ZEPHYRHILLS, FL 33540

Current Mailing Address:

6355 SPRING LAKE CIRCLE
ZEPHYRHILLS, FL 33540

FEI Number: 59-3143131

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALFIERI, MARY ANN
5929 UTOPIA DR
ZEPHYRHILLS, FL 33540 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 LAPANNE, MARION
Address 6033 PRESIDENTIAL CIR
City-State-Zip: ZEPHYRHILLS FL 33540

Title S
Name HUETTEN, CAROLE
Address 5630 VILLA WAY
City-State-Zip: ZEPHYRHILLS FL 33540

Title T
Name YESTA, STEVE
Address 6060 JESSUP DR
City-State-Zip: ZEPHYRHILLS FL 33540

Title VP
Name BANACK, JUDITH
Address 6337 UTOPIA DR
City-State-Zip: ZEPHYRHILLS FL 33540

Title DIRECTOR
Name KEFFER, THOMAS
Address 6232 PRESIDENTIAL CIR
City-State-Zip: ZEPHYRHILLS FL 33540

Title DIRECTOR
Name MADDEN, BEVERLY
Address 6057 FOREST LAKE DR
City-State-Zip: ZEPHYRHILLS FL 33540

Title DIRECTOR
Name LANE, EILEEN
Address 6614 SPRING LAKE CIR
City-State-Zip: ZEPHYRHILLS FL 33540

Title DIRECTOR
Name SOBON, CAS
Address 6021 PRESIDENTIAL CIR
City-State-Zip: ZEPHYRHILLS FL 33540

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.

SIGNATURE: STEVE YESTA

TREASURER

03/23/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BRAUN, MARIANN
Address 6168 UTOPIA DR
City-State-Zip: ZEPHYRHILLS FL 33540