

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Mar 13, 2014**

**Secretary of State**

**CC6646414562**

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 ALFIERI, MARY ANN  
Address 5929 UTOPIA DR  
City-State-Zip: ZEPHYRHILLS FL 33540

Title VP  
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 D  
Name MOORE, PHYLLIS  
Address 5849 NAPLES  
City-State-Zip: ZEPHYRHILLS FL 33540

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

Title DIRECTOR  
Name NICKERSON, CAREY  
Address 5716 VIAU WAY  
City-State-Zip: ZEPHYRHILLS FL 33540

Title DIRECTOR  
Name KEFFER, THOMAS  
Address 6232 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:** MARY ANN ALFIERI

**PRESIDENT**

**03/13/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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