


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752321 (0)
 1. Corporation Name
FOREST GLEN PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 4864 D ORLEANS COURT WEST PALM BEACH FL 33415	Mailing Address P. O. BOX 17855 WEST PALM BEACH FL 33416
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3. Date Incorporated or Qualified 05/05/1980	3a. Date of Last Report 03/23/1995
4. FEI Number 59-2149937	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**MALT, ANN B
 1113 COUNTRY CLUB DR.
 NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name	Kathleen Webb Salata
82 Street Address (P.O. Box Number is Not Acceptable)	Touchstone Webb Hgnt.
83 City	5710 S. Dixie Hwy Suite A
84 City	West Palm Beach FL 85 Zip Code 33405

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Kathleen Webb Salata DATE 7/01/92
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MALT, ANN B	
STREET ADDRESS	1113 COUNTRY CLUB DR.	
CITY - ST - ZIP	NO. PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STONE, PEGGY	
STREET ADDRESS	181 ISLAND WAY	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRANCA, ANTHONY	
STREET ADDRESS	4627A ORLEANS CT..	
CITY - ST - ZIP	WEST PALM BCH. FL 33415	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SWETNAM, WARREN	
STREET ADDRESS	4750 D ORLEANS CT	
CITY - ST - ZIP	WEST PALM BCH. FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	IANTHE, HENRY	
STREET ADDRESS	4723D ORLEANS CT.	
CITY - ST - ZIP	WEST PALM BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	G.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	LLOYD TAYLOR - D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	132 Pearl Bunkle Drive #9	
6.3 STREET ADDRESS	Hypoluxo, FL 33462	
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Warren Swetnam DATE 6/26/92 547-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)