

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 33416-7855
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/05/1980	3a. Date of Last Report 07/08/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2149937	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SALATA, KATHLEEN WEBB TOUCH STONE WEBB MGMT 5710 S DIXIE HWY SUITE A WEST PALM BEACH FL 33405		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL 85. Zip Code

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 Salata* **3/26/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALT, ANN B	1.2 NAME	
STREET ADDRESS	1113 COUNTRY CLUB DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NO. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	FD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, PEGGY	2.2 NAME	D. Stewart Hubert
STREET ADDRESS	181 ISLAND WAY	2.3 STREET ADDRESS	4651-B Orleans Court, W.P.B.
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCA, ANTHONY	3.2 NAME	
STREET ADDRESS	4827A ORLEANS CT..	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IANTHE, HENRY	4.2 NAME	
STREET ADDRESS	4723D ORLEANS CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, LLOYD	5.2 NAME	
STREET ADDRESS	132 PERI WINKLE DRIVE 9	5.3 STREET ADDRESS	
CITY-ST-ZIP	HYPOLNOX FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE: *[Signature]* **547-4001**

CR2E037 (9/96)