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04-20-1999 90009 041 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752321
 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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2. Principal Place of Business 21	2a. Mailing Address 26 PO BOX 3585	3. Date Incorporated or Qualified 05/05/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2149937
City & State 23	City & State Boynton Beach, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33426	Country 30	

9. Name and Address of Current Registered Agent

**SALATA, KATHLEEN WEBB
 TOUCH STONE WEBB MGMT
 5710 S DIXIE HWY SUITE A
 WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent

81 Name Philip Dominick
82 Street Address (P.O. Box Number is Not Acceptable) BANYAN PROPERTY MANAGEMENT SERVICES, INC. PO BOX 3585
83 City BOYNTON Bch.
84 State FL
85 Zip Code 33426

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 **Philip Dominick** *Philip Dominick* DATE **4/15/99**

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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALT, ANN B 1113 COUNTRY CLUB DR. NO. PALM BEACH FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBERT, STEWART 4651-B OLEANS CT WEST PALM BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANCA, ANTHONY 4627A ORLEANS CT. WEST PALM Bch. FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IANTHE, HENRY 4723D ORLEANS CT. WEST PALM Bch. FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, LLOYD 132 PERI WINKLE DRIVE HYPOLNOX FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAHY, Kim 744 So. LAKE AVE. DELRAY Bch, FL 33438	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 33408
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33415
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRES. 33415
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HENRY, IANTHE 33415
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TRES. 132 PERI WINKLE DRIVE HYPOLUXO, FL 33462
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE: **4/15/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)