

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/05/1980

4. FEI Number

59-2149937

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

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**  
83 **SERVICES, INC. P.O. Box 3585**  
84 City **BOYNTON Bch.** 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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/99**

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE  
NAME **MALT, ANN B**  
STREET ADDRESS **1113 COUNTRY CLUB DR.**  
CITY-ST-ZIP **NO. PALM BEACH FL**

TITLE **D** ☒ DELETE  
NAME **HUBERT, STEWART**  
STREET ADDRESS **4651-B OLEANS CT**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ DELETE  
NAME **BRANCA, ANTHONY**  
STREET ADDRESS **4627A OLEANS CT.**  
CITY-ST-ZIP **WEST PALM Bch. FL**

TITLE **PD** ☐ DELETE  
NAME **IANTHE, HENRY**  
STREET ADDRESS **4723D OLEANS CT.**  
CITY-ST-ZIP **WEST PALM Bch. FL**

TITLE **D** ☐ DELETE  
NAME **TAYLOR, LLOYD**  
STREET ADDRESS **132 PERI WINKLE DRIVE**  
CITY-ST-ZIP **HYPOLNOX FL**

TITLE **D** ☐ DELETE  
NAME **DEARAY, KIM**  
STREET ADDRESS **744 S. LAKE AVE.**  
CITY-ST-ZIP **DELRAY Bch, FL 33438**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **33408**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **VICE PRES.** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **33415**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **HENRY, IANTHE**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP **33415**

5.1 TITLE **PRES.** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **132 PERI WINKLE DRIVE**  
5.4 CITY-ST-ZIP **HYPOLUXO, FL 33462**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/99**

Date

Daytime Phone #

CR2E037 (11/98)

0041238