

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90028 047 ****61.25

DOCUMENT # 752321

1. Entity Name

FOREST GLEN PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4864 D ORLEANS COURT
 WEST PALM BEACH FL 33415

P.O. BOX 3585
 BOYNTON BEACH FL 33424-3585

00029004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2328 So. Congress Ave

2328 So. Congress Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1-C

1-C

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

USA

33406

Palm Beach

Zip

Country

USA

33406

Palm Beach

4. FEI Number

59-2149937

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOMINICK, PHILIP
 BANYAN PROPERTY MANAGEMENT SERVICES, INC.
 P.O. BOX 3585
 BOYNTON BEACH FL 33426

Name
 Banyan Property Management Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 2328 So. Congress Ave, Suite 1-C
 City West Palm Beach FL Zip Code 33406

8. 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 Philip Dominick

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

Philip Dominick

(NOTE: Registered Agent signature required when reinstating)

2/18/00

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALT, ANN B 1113 COUNTRY CLUB DR. NO. PALM BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRANCA, ANTHONY 4627A ORLEANS CT. WEST PALM BCH. FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IANTHE, HENRY 4723D ORLEANS CT. WEST PALM BCH. FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, LLOYD 132 PERI WINKLE DRIVE 9 HYPULUXO FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEALY, KIM 744 SO LAKE AVE DELRAY BEACH FL 33438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IANTHE HENRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)