

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752321

1. Entity Name

FOREST GLEN PROPERTY OWNERS ASSOCIATION, INC.

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

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

Principal Place of Business

Mailing Address

4864 D ORLEANS COURT
WEST PALM BEACH FL 33415

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

B0029004



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

Zip

Country

USA

33406

Palm Beach

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:
FEE 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

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/99)