

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752321

FILED
Mar 11, 2004
Secretary of State**Entity Name:** FOREST GLEN PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2328 S. CONGRESS AVE
#1-C
WEST PALM BEACH, FL 33406**New Principal Place of Business:****Current Mailing Address:**2328 S. CONGRESS AVE
#1-C
WEST PALM BEACH, FL 33406**New Mailing Address:****FEI Number:** 59-2149937 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HILLEY, V. DONALD PA
860 US HWY. ONE
SUITE 108
NORTH PALM BEACH, FL 33408**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** SD () Delete
Name: HARSHMANN, ANN
Address: 1113 COUNTRY CLUB DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408**Title:** PD () Delete
Name: BROWN, IANTHE
Address: 4723-D ORLEANS COURT
City-St-Zip: WEST PALM BEACH, FL 33415**Title:** T () Delete
Name: TAYLOR, LLOYD
Address: 132 PERI WINKLE DRIVE 9
City-St-Zip: HYPULUXO, FL 33462**Title:** D () Delete
Name: LEAHY, KIM
Address: 744 S. LAKE AVE.
City-St-Zip: DELRAY BEACH, FL 33483**Title:** D (X) Delete
Name: MAHONEY, LAWRENE Q
Address: 4876 C ORLEANS COURT
City-St-Zip: WEST PALM BEACH, FL 33415**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IANTHE BROWN

PD

03/11/2004

Electronic Signature of Signing Officer or Director_____
Date