

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90033 016 ****61.25

DOCUMENT # 752321 1. Entity Name FOREST GLEN PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2328 S. CONGRESS AVE SUITE 1C WEST PALM BEACH, FL 33406			Mailing Address 2328 S. CONGRESS AVE SUITE 1C WEST PALM BEACH, FL 33406		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2149937	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILLEY, V. DONALD PA 860 US HWY. ONE SUITE 108 NORTH PALM BEACH, FL 33408				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				Signature _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARSHMANN, ANN 1113 COUNTRY CLUB DRIVE NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shandra Dawkins 4998 B Orleans Court West Palm Beach FL 33415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Henry BROWN, IANTHE 4723-D ORLEANS COURT WEST PALM BEACH, 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	TD 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 LEAHY, KIM 744 S. LAKE AVE. DELRAY BEACH, FL 33483	<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 PITIER, COURTNEY B 4747A ORLEANS CT WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Janthe</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

50000511



01222008 Chg-NP CR2E037 (12/06)

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

HILLEY, V. DONALD PA
860 US HWY. ONE
SUITE 108
NORTH PALM BEACH, FL 33408

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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Due by May 1, 2008

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132 PERI WINKLE DRIVE 9
HYPULUXO, FL 33462

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LEAHY, KIM
744 S. LAKE AVE.
DELRAY BEACH, FL 33483

☐ Delete

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