

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:06

DOCUMENT # **N93000001619 (6)**
1. Corporation Name
FOREST GLENN HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1403 CROSS BOW LANE SPRING HILL FL 34607		1403 CROSS BOW LANE SPRING HILL FL 34607	
2. Principal Place of Business	2a. Mailing Address		
21 5084 Buccaneer Blvd.	26 5084 Buccaneer Blvd.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23 Spring Hill, FL.	28 Spring Hill, FL.		
Zip	Country	Zip	Country
24 34607	25 Hernando	29 34607	30 Hernando

3. Date Incorporated or Qualified	3a. Date of Last Report
04/09/1993	05/01/1994
4. FEI Number	Applied For
59-3182942	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FAY, WALTER J. 1403 CROSS BOW LANE SPRINGHILL FL 34607				81 Name	Besore, Mary		
				82 Street Address (P.O. Box Number is Not Acceptable)	5084 Buccaneer Blvd.		
				83			
				84 City	Spring Hill,	FL	85 Zip Code
							34607

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Mary T. Besore February 15-1995
(Signature, typed or printed name of registered agent and firm (if applicable). (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	FAY, WALTER J.	1.2 NAME	Lawrence, Jay
STREET ADDRESS	1403 CROSS BOW LANE	1.3 STREET ADDRESS	5068 Buccaneer Blvd.
CITY - ST - ZIP	SPRING HILL FL	1.4 CITY - ST - ZIP	Spring Hill, FL. 34607
TITLE	DV	2.1 TITLE	V/D
NAME	TREMPER, CAROL	2.2 NAME	Kuhlow, Marilyn
STREET ADDRESS	1408 CROSS BOW LANE	2.3 STREET ADDRESS	5210 Forest Glenn Dr.
CITY - ST - ZIP	SPRINGHILL FL	2.4 CITY - ST - ZIP	Spring Hill, FL. 34607
TITLE	DS	3.1 TITLE	S/D
NAME	LAWRENCE, JAY B.	3.2 NAME	Besore, Mary
STREET ADDRESS	5124 FOREST GLENN DRIVE	3.3 STREET ADDRESS	5084 Buccaneer Blvd
CITY - ST - ZIP	SPRINGHILL FL	3.4 CITY - ST - ZIP	Spring Hill, FL. 34607
TITLE	DT	4.1 TITLE	T/D
NAME	COFFEY, ROBERT	4.2 NAME	Coffey, Robert
STREET ADDRESS	1408 FRIAR TUCK LANE	4.3 STREET ADDRESS	1408 Friar Tuck Ln.
CITY - ST - ZIP	SPRINGHILL FL	4.4 CITY - ST - ZIP	Spring Hill, FL. 34607
TITLE	D	5.1 TITLE	D
NAME	POTTS, DONALD	5.2 NAME	Pierce, Rita
STREET ADDRESS	5202 FOREST GLEN DRIVE	5.3 STREET ADDRESS	1416 Friar Tuck Ln.
CITY - ST - ZIP	SPRINGHILL FL	5.4 CITY - ST - ZIP	Spring Hill, FL. 34607
TITLE	D	6.1 TITLE	D
NAME	SCICLUNA, ROBERT	6.2 NAME	Kostiuck, Michael
STREET ADDRESS	5181 FOREST GLENN DRIVE	6.3 STREET ADDRESS	5131 Forest Glenn Dr.
CITY - ST - ZIP	SPRINGHILL FL	6.4 CITY - ST - ZIP	Spring Hill, FL. 34607

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addres.

SIGNATURE: Robert W. Coffey February 15-1995 (904) 686-1608
(Signature and typed or printed name of signing officer or director) Date Filing Fee #