

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **5084 BUCCANEER BLVD. SPRING HILL FL 34607 US**
Mailing Address: **5084 BUCCANEER BLVD. SPRING HILL FL 34607 US**

3. Date Incorporated or Qualified: **04/09/1993**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3182942		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BESORE, MARY 5084 BUCCANEER BLVD. SPRINGHILL FL 34607				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, JAY	1.2 NAME	Lawrence, Jay
STREET ADDRESS	5088 BUCCANEER BLVD.	1.3 STREET ADDRESS	5088 Buccaneer Blvd
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	Spring Hill, FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUHLOW, MARILYN	2.2 NAME	Crowhurst, Art
STREET ADDRESS	5210 FOREST GLENN DR.	2.3 STREET ADDRESS	1419 Cross Bow Lane
CITY-ST-ZIP	SPRINGHILL FL	2.4 CITY-ST-ZIP	Spring Hill, FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESORE, MARY	3.2 NAME	Wolf, Marge
STREET ADDRESS	5084 BUCCANEER BLVD	3.3 STREET ADDRESS	1416 Cross Bow Lane
CITY-ST-ZIP	SPRINGHILL FL	3.4 CITY-ST-ZIP	Spring Hill, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COFFEY, ROBERT	4.2 NAME	Shanks, Joe
STREET ADDRESS	1408 FRIAR TUCK LANE	4.3 STREET ADDRESS	5116 Forest Glenn Drive
CITY-ST-ZIP	SPRINGHILL FL	4.4 CITY-ST-ZIP	Spring Hill, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERCE, RITA	5.2 NAME	Rose, Bob
STREET ADDRESS	1416 FRIAR TUCK LN.	5.3 STREET ADDRESS	5185 Forest Glenn Drive
CITY-ST-ZIP	SPRINGHILL FL	5.4 CITY-ST-ZIP	Spring Hill, FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOSTIUCK, MICHAEL	6.2 NAME	Shanks, Lee
STREET ADDRESS	5131 FOREST GLENN DR.	6.3 STREET ADDRESS	5111 Forest Glenn Drive
CITY-ST-ZIP	SPRINGHILL FL	6.4 CITY-ST-ZIP	Spring Hill, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/13/96** 352-483-8184 Daytime Phone

CR2E037 (12/95)