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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

5084 BUCCANEER BLVD.
SPRING HILL FL 34607
US5084 BUCCANEER BLVD.
SPRING HILL FL 34607-3954
US3. Date Incorporated or Qualified
04/09/19933a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME LAWRENCE, JAY
STREET ADDRESS 5068 BUCCANEER BLVD.
CITY-ST-ZIP SPRING HILL FL1.1 TITLE V/D Mel Hall ☐ Change ☒ AdditionTITLE PD ☐ DELETENAME CROWHURST, ART
STREET ADDRESS 1419 CROSS BL-OLD LANE
CITY-ST-ZIP SPRINGHILL FL1.2 NAME 5091 Forest Glenn Drive, ☐ Change ☒ AdditionTITLE SD ☐ DELETENAME BESORE, MARY
STREET ADDRESS 5084 BUCCANEER BLVD
CITY-ST-ZIP SPRINGHILL FL

1.3 STREET ADDRESS Spring Hill, FL 34607

TITLE TD ☐ DELETENAME WOLFF, MARGE
STREET ADDRESS 1416 CROSS BOLO LANE
CITY-ST-ZIP SPRINGHILL FL2.1 TITLE Bob Rose ☐ Change ☒ AdditionTITLE D ☒ DELETENAME PIERCE, RITA
STREET ADDRESS 1416 FRIAR TUCK LN.
CITY-ST-ZIP SPRINGHILL FL2.2 NAME 5135 Forest Glenn Drive ☐ Change ☒ AdditionTITLE D ☒ DELETENAME KOSTIUCK, MICHAEL
STREET ADDRESS 5131 FOREST GLENN DR.
CITY-ST-ZIP SPRINGHILL FL

2.3 STREET ADDRESS Spring Hill, FL 34607

2.4 CITY-ST-ZIP 34607

3.1 TITLE Joe Shanks ☐ Change ☒ Addition3.2 NAME 5116 Forest Glenn Drive ☐ Change ☒ Addition

3.3 STREET ADDRESS Spring Hill, FL 34607

3.4 CITY-ST-ZIP 34607

4.1 TITLE Lee Shanks ☐ Change ☒ Addition4.2 NAME 5111 Forest Glenn Drive ☐ Change ☒ Addition

4.3 STREET ADDRESS Spring Hill, FL 34607

4.4 CITY-ST-ZIP 34607

5.1 TITLE Ray Scherler ☐ Change ☒ Addition5.2 NAME 5076 Buccaneer Blvd ☐ Change ☒ Addition

5.3 STREET ADDRESS Spring Hill, FL 34607

5.4 CITY-ST-ZIP 34607

6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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: Arthur L. Crowhurst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)