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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001619 (6)
 1. Corporation Name
FOREST GLENN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
5084 BUCCANEER BLVD. SPRING HILL FL 34607 US		5084 BUCCANEER BLVD. SPRING HILL FL 34607 US	
21	2. Principal Place of Business	26	2a. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
24	Zip	29	Country
25	Country	30	Country

3. Date Incorporated or Qualified
04/09/1993

4. FEI Number
59-3182942

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

BESORE, MARY
5084 BUCCANEER BLVD.
SPRINGHILL FL 34607

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	LAWRENCE, JAY	1.2 NAME	Bob Rose
STREET ADDRESS	5068 BUCCANEER BLVD.	1.3 STREET ADDRESS	5135 Forest Glenn Drive
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	Spring Hill, FL 34607
TITLE	PD	2.1 TITLE	D
NAME	CROWHURST, ART	2.2 NAME	Joe Shanks
STREET ADDRESS	1419 CROSS BL - OLD LANE	2.3 STREET ADDRESS	5116 Forest Glenn Drive
CITY-ST-ZIP	SPRINGHILL FL	2.4 CITY-ST-ZIP	Spring Hill, FL 34607
TITLE	SD	3.1 TITLE	D
NAME	BESORE, MARY	3.2 NAME	Ray Scherler
STREET ADDRESS	5084 BUCCANEER BLVD	3.3 STREET ADDRESS	5076 Buccaneer Blvd
CITY-ST-ZIP	SPRINGHILL FL	3.4 CITY-ST-ZIP	Spring Hill, FL 34607
TITLE	TD	4.1 TITLE	D
NAME	WOLFF, MARGE	4.2 NAME	Walt Fay
STREET ADDRESS	1416 CROSS BOLO LANE	4.3 STREET ADDRESS	1403 Cross Bow Lane
CITY-ST-ZIP	SPRINGHILL FL	4.4 CITY-ST-ZIP	Spring Hill, FL 34607
TITLE	D	5.1 TITLE	D
NAME	SHANKS, JOE	5.2 NAME	Natale Maniscalco
STREET ADDRESS	5116 FOREST GLENN DR	5.3 STREET ADDRESS	5165 Forest Glenn Drive
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	Spring Hill, FL 34607
TITLE	D	6.1 TITLE	
NAME	SHANKS, LEE	6.2 NAME	
STREET ADDRESS	5111 FOREST GLENN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL	6.4 CITY-ST-ZIP	

14. I 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: *Jay Lawrence* 3/23/98 **Jay Lawrence** 1-352-688-7350

CFR2037 (10/97)