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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001619

1. Corporation Name

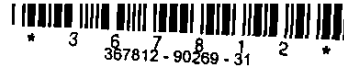
FOREST GLENN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5084 BUCCANEER BLVD.
SPRING HILL FL 34607
US

Mailing Address

5084 BUCCANEER BLVD.
SPRING HILL FL 34607
US



2. Principal Place of Business

21 5214 FOREST GLENN DR.

Suite, Apt. #, etc.

22 SPRING Hill FL

City & State

23 34607 US

Zip

Country

2a. Mailing Address

26 5214 FOREST GLENN DR.

Suite, Apt. #, etc.

27 SPRING Hill, FL

City & State

28 34607 US

Zip

Country

3. Date Incorporated or Qualified

04/09/1993

4. FEI Number

59-3182942

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

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 OLIVER W. KRUEGER

82 Street Address (P.O. Box Number is Not Acceptable)

5214 FOREST GLENN DR

83

84 City SPRING Hill

FL

85 Zip Code 34607

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 *Oliver W. Krueger*
Signature, typed or printed name of registered agent and title, if applicable.

OLIVER W. KRUEGER
(NOTE: Registered Agent signature required when reinstating)

4-16-99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME LAWRENCE, JAY
STREET ADDRESS 5068 BUCCANEER BLVD.
CITY-ST-ZIP SPRING HILL FL

TITLE D ☐ DELETE
NAME JOE SHANKS
STREET ADDRESS 5116 FOREST GLENN DR
CITY-ST-ZIP SPRINGHILL FL 34607

TITLE SD ☒ DELETE
NAME BESORE, MARY
STREET ADDRESS 5084 BUCCANEER BLVD
CITY-ST-ZIP SPRINGHILL FL

TITLE TD ☐ DELETE
NAME WOLFF, MARGE
STREET ADDRESS 1416 CROSS BOLO LANE
CITY-ST-ZIP SPRINGHILL FL

TITLE D ☒ DELETE
NAME SHANKS, JOE
STREET ADDRESS 5116 FOREST GLENN DR
CITY-ST-ZIP SPRING HILL FL

TITLE D ☐ DELETE
NAME WALT FAY
STREET ADDRESS 1403 CROSS BOW LN
CITY-ST-ZIP SPRINGHILL FL 34607

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME NAT MANISCALCO
1.3 STREET ADDRESS 5765 FOREST GLENN DR
1.4 CITY-ST-ZIP SPRING Hill, FL 34607

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME MARILYN A. KUHLOW
3.3 STREET ADDRESS 5219 FOREST GLENN DR
3.4 CITY-ST-ZIP SPRING Hill, FL 34607

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 1416 CROSS BOW LANE
4.4 CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME WALT MULLER
5.3 STREET ADDRESS 5087 BUCCANEER BLVD
5.4 CITY-ST-ZIP SPRING Hill, FL 34607

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Marilyn A. Kuhlowl*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99
Date Daytime Phone #

CR2E037 (11/98)