

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90038 020 ****61.25

DOCUMENT # N93000001619

1. Entity Name

FOREST GLENN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5214 FOREST GLENN DR
 SPRING HILL FL 34607
 US**

**5214 FOREST GLENN DR
 SPRING HILL FL 34607
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3182942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRUEGER, OLIVER W
 5214 FOREST GLENN DR
 SPRINGHILL FL 34607**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **BUCHWALD, ROSS**
 CITY-ST-ZIP **5136 FOREST GLENN DR.
 SPRING HILL FL 34607**

TITLE ☐ Change ☒ Addition
 NAME **T**
 STREET ADDRESS **Bill Krueger**
 CITY-ST-ZIP **5214 Forest Glenn Dr.
 Spring Hill, FL 34607**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **KUHLow, MARILYN**
 CITY-ST-ZIP **5210 FOREST GLENN DR.
 SPRINGHILL FL 34607**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Walt Muller**
 CITY-ST-ZIP **5087 Buccaneer Blvd.
 Spring Hill, FL 34607**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TVRDIK, BETTY**
 CITY-ST-ZIP **1415 CROSS BOW LANE
 SPRINGHILL FL 34607**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Bob Rose**
 CITY-ST-ZIP **5135 Forest Glenn, Dr.
 Spring Hill, FL 34607**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **IMBROGNO, JACKIE**
 CITY-ST-ZIP **5169 FOREST GLENN DR.
 SPRING HILL FL 34607**

TITLE ☐ Change ☒ Addition
 NAME **Frank Shelton**
 STREET ADDRESS **5161 Forest Glenn Dr.
 Spring Hill, FL 34607**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **GAGNE, LARRY**
 CITY-ST-ZIP **5124 FOREST GLENN DR.
 SPRING HILL FL 34607**

TITLE ☐ Change ☐ Addition
 NAME **WALT FAY**
 STREET ADDRESS **1403 CROSS BOW LN
 SPRINGHILL FL 34607**

TITLE ☐ Delete
 NAME **DX Vice President**
 STREET ADDRESS **WALT FAY**
 CITY-ST-ZIP **1403 CROSS BOW LN
 SPRINGHILL FL 34607**

TITLE ☐ Change ☐ Addition
 NAME **WALT FAY**
 STREET ADDRESS **1403 CROSS BOW LN
 SPRINGHILL FL 34607**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *WALT FAY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01 352-666-0040

Date Daytime Phone #

CR2E037 (10/00)