

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90107 032 ****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



DO NOT WRITE IN THIS SPACE

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

TITLE **VP** Change Addition
 NAME **BUCHWALD, ROSS**
 STREET ADDRESS **5136 FOREST GLENN DR.**
 CITY-ST-ZIP **SPRING HILL, FL 34607**

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

TITLE **P** Change Addition
 NAME **RALPH ESPOSITO, RALPH**
 STREET ADDRESS **5139 FOREST GLENN DR.**
 CITY-ST-ZIP **SPRING HILL, FL 34607**

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

TITLE **T** Change Addition
 NAME **WOLFF, MARGE**
 STREET ADDRESS **1416 CROSS BOW LANE**
 CITY-ST-ZIP **SPRING HILL, FL 34607**

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

TITLE **S** Change Addition
 NAME **IMBROGNO, JACKIE**
 STREET ADDRESS **5169 FOREST GLENN DR.**
 CITY-ST-ZIP **SPRING HILL, FL 34607**

TITLE **D** Delete
 NAME **MULLER, WALT**
 STREET ADDRESS **5087 BUCCANEER BLVD**
 CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE **D** Change Addition
 NAME **SHIRLEY KINOR**
 STREET ADDRESS **1407 CROSS BOW LANE**
 CITY-ST-ZIP **SPRING HILL, FL 34607**

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

TITLE **D** Change Addition
 NAME **MANISCALCO, NAT**
 STREET ADDRESS **5165 FOREST GLENN DR**
 CITY-ST-ZIP **SPRING HILL, 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: **RALPH ESPOSITO** *Ralph Esposito* 4/5/02 (352)666-4031
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

#11 CONT.

Attachment # N9300000 / 619

ADDITION TO OFFICES AND DIRECTORS IN 10

1633519

TITLE	D
NAME	WEBER, JOE
ADDRESS	5100 FOREST GLENN DR
CITY, ST	SPRING HILL, FL. 34607