

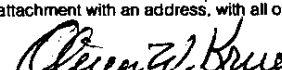


**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

**50029583**

<b>DOCUMENT # N93000001619</b>						<b>Secretary of State</b> 03-21-2005 90122 018 ****61.25	
<b>1. Entity Name</b> FOREST GLENN HOMEOWNERS ASSOCIATION, INC.				<b>50029583</b> 			
<b>Principal Place of Business</b> 5214 FOREST GLENN DR SPRING HILL, FL 34607 US				<b>Mailing Address</b> 5214 FOREST GLENN DR SPRING HILL, FL 34607 US			
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>4. FEI Number</b> 59-3182942				<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  KRUEGER, OLIVER W 5214 FOREST GLENN DR SPRINGHILL, FL 34607				<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
<b>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. I am familiar with, and accept the obligations of registered agent.</b>							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>							
Filing Fee is \$61.25 Due by May 1, 2005				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> MANISCACO, NATALE 5165 FOREST GLENN DR SPRING HILL, FL 34607 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> CALHOUN, JOHN 1404 FRIAR TUCK LN SPRING HILL, FL 34607 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> WOLFF, MARGE 1416 CROSS BOW LANE SPRING HILL, FL 34607 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> FAY, NANCY 1403 CROSS BOW LN SPRING HILL, FL 34607 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> EVANS, JAN 5173 FOREST GLENN DR. SPRING HILL, FL 34607 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> RALPH ESPOSITO 5112 FOREST GLENN DR SPRING HILL, FL 34607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>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.</b>							
<b>SIGNATURE:</b>  <b>OLIVER W. KRUEGER</b>				<b>3-15-05 352-688-2412</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			

ATTACHMENT SD 029583  
DOCUMENT # N93000001619  
FOREST GLENN HOMEOWNERS ASSOCIATION INC

ADDITIONAL DIRECTORS

TITLE D  
NAME MARGE JENSEN  
STREET 1420 FRIAR TUCK LN  
CITY, ST, ZIP SPRING HILL, FL 34607

TITLE D  
NAME PAUL JENSEN  
STREET 1420 FRIAR TUCK LN  
CITY, ST, ZIP SPRING HILL, FL 34607

TITLE D  
NAME ROBERT FORREY  
STREET 5115 FOREST GLENN DR.  
CITY, ST, ZIP SPRING HILL, FL 34607