

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90279 002 \*\*\*\*61.25

**DOCUMENT # N93000001619**

1. Entity Name  
**FOREST GLENN HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**5214 FOREST GLENN DR  
SPRING HILL, FL 34607 US**

Mailing Address  
**5214 FOREST GLENN DR  
SPRING HILL, FL 34607 US**

00047533



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262006 Chg-NP CR2E037 (11/05)

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

**Marilyn A. Kuhlrow**

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

**5210 Forest Glenn Drive**

City

**Spring Hill**

**FL**

Zip Code  
**34607**

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.

SIGNATURE

*Marilyn A. Kuhlrow*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/06

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **MANISCACO, NATALE**  
STREET ADDRESS **5165 FOREST GLENN DR**  
CITY-ST-ZIP **SPRING HILL, FL 34607**

TITLE **P** ☒ Change ☐ Addition  
NAME **P Buchwald, Ross**  
STREET ADDRESS **5136 Forest Glenn Dr**  
CITY-ST-ZIP **Spring Hill, FL 34607**

TITLE **VP** ☐ Delete  
NAME **CALHOUN, JOHN**  
STREET ADDRESS **1404 FRIAR TUCK LN**  
CITY-ST-ZIP **SPRING HILL, FL 34607**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Yauger, Mary**  
STREET ADDRESS **5202 Forest Glenn Dr.**  
CITY-ST-ZIP **Spring Hill, FL 34607**

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

TITLE **T** ☒ Change ☐ Addition  
NAME **Zajac, Carol**  
STREET ADDRESS **5095 Forest Glenn Dr.**  
CITY-ST-ZIP **Spring Hill, FL 34607**

TITLE **S** ☐ Delete  
NAME **FAY, NANCY**  
STREET ADDRESS **1403 CROSS BOW LN**  
CITY-ST-ZIP **SPRING HILL, FL 34607**

TITLE **S** ☒ Change ☐ Addition  
NAME **Marilyn Kuhlrow**  
STREET ADDRESS **5210 Forest Glenn Dr**  
CITY-ST-ZIP **Spring Hill, FL 34607**

TITLE **D** ☐ Delete  
NAME **EVANS, JAN**  
STREET ADDRESS **5173 FOREST GLENN DR.**  
CITY-ST-ZIP **SPRING HILL, FL 34607**

TITLE **D** ☒ Change ☐ Addition  
NAME **Schmid, Elaine**  
STREET ADDRESS **5185 Forest Glenn Dr.**  
CITY-ST-ZIP **Spring Hill, FL 34607**

TITLE **P** ☐ Delete  
NAME **ESPOSITO, RALPH**  
STREET ADDRESS **5112 FOREST GLENN DR**  
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Marilyn A. Kuhlrow*  
*Marilyn A. Kuhlrow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/06 (352) 666-0000