


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90190 007 ****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		
2. Principal Place of Business - No P.O. Box # 5210 Forest Glenn Dr.		3. Mailing Address 5210 Forest Glenn Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Spring Hill, FL 34607		City & State Spring Hill, FL		4. FEI Number 59-3182942	
Zip 34607		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUHLLOW, MARILYN A 5210 FOREST GLENN DR SPRING HILL FL 34607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P BUCHWALD, ROSS 5136 FOREST GLENN DR SPRING HILL FL 34607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP XXXXXX XXXX 5095 BUCCANEER BLVD SPRING HILL FL 34607 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Marian Buchwald 5136 Forest Glenn Dr. Spring Hill, FL 34607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAJAC, CAROL 5095 FOREST GLENN DR SPRING HILL FL 34607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUHLLOW, MARILYN 5210 FOREST GLENN DR SPRING HILL FL 34607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANISCALCO, NANCY 5156 FOREST GLENN DR SPRING HILL FL 34607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 <i>Marilyn A. Kuhlrow</i> 4/8/08 352666-0040					