

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90172 027 \*\*\*\*61.25

0093274

**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**

00001874



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3182942**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BUCHWALD, ROSS	
STREET ADDRESS	5136 FOREST GLENN DR.	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	P	<input type="checkbox"/> Delete
NAME	ESPOSITO, RALPH	
STREET ADDRESS	5139 FOREST GLENN DRIVE	
CITY-ST-ZIP	SPRINGHILL FL 34607	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOLFF, MARGE	
STREET ADDRESS	1416 CROSS BOW LANE	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	IMBROGNO, JACKIE	
STREET ADDRESS	5169 FOREST GLENN DR.	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLER, WALT	
STREET ADDRESS	5087-BUCCANEER BLVD	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALT FAY	
STREET ADDRESS	1403 CROSS BOW LN	
CITY-ST-ZIP	SPRINGHILL FL 34607	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANISCALCO, NATALIE	
STREET ADDRESS	5165 FOREST GLENN DR	
CITY-ST-ZIP	SPRING HILL, FL 34607	
TITLE	KINOR SHIRLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINOR SHIRLEY	
STREET ADDRESS	1407 CROSS BOW LN.	
CITY-ST-ZIP	SPRING HILL, FL 34607	
TITLE	WEBER JOE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER JOE	
STREET ADDRESS	5100 FOREST GLENN DR.	
CITY-ST-ZIP	SPRING HILL, FL 34607	
TITLE	S FAY, NANCY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAY, NANCY	
STREET ADDRESS	1403 CROSS BOW LN	
CITY-ST-ZIP	SPRING HILL, FL 34607	
TITLE	VENSEN PAUL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VENSEN PAUL	
STREET ADDRESS	1420 PRIAR TUCK LN	
CITY-ST-ZIP	SPRING HILL, FL 34607	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENSEN, MARGE	
STREET ADDRESS	1420 CROSS BOW LN FRIAR TUCK LN	
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: *MARGE WOLFF* MARGE WOLFF 4-8-03 352 6833953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2007 (10/02)