


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2005 90069 011 ****70.00

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1. Entity Name
 FOREST GLEN GOLF & COUNTRY CLUB MASTER ASSOCIATION, INC.



Principal Place of Business
 3185 HORSESHOE DRIVE SOUTH
 NAPLES, FL 34104

Mailing Address
 3185 HORSESHOE DRIVE SOUTH
 NAPLES, FL 34104

2. Principal Place of Business
 3855 Forest Glen Blvd.

3. Mailing Address
 3855 Forest Glen Blvd.

Suite, Apt. #, etc.

City & State
 Naples FL

City & State
 Naples FL

Zip
 34114

Country
 Collier

Zip
 34114

Country
 Collier

6. Name and Address of Current Registered Agent

BLOOM, KEN E
 3185 HORSESHOE DRIVE SOUTH
 NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name: FIONA WARBURTON
 Street Address (P.O. Box Number is Not Acceptable)
 805 99TH AVENUE
 City: NAPLES FL Zip Code: 34108

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: *Fiona Warbut.* DATE: 3/10/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOLOMON, ANTHONY P 3185 HORSESHOE DRIVE SOUTH NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TAYLOR, MARK S 3185 HORSESHOE DRIVE SOUTH NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS BLOOM, KEN E 3185 HORSESHOE DRIVE SOUTH NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President P/D John W. Walkbridges 3160 Jungle Plum Dr E Naples FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President P/D LAURA DEPAVILLIS 3940 LOBLOLLY BAY DR. NAPLES, FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer S/T/D WILLIAM MONT BLEAU 3878 JUNGLE PLUM DR E. NAPLES FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director D. NORMAN W. BUSSARD 3796 JUNGLE PLUM DR. EAST NAPLES, FL. 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director D. WAYNE M. GYENIZS 3914 LOBLOLLY BAY DR. #201 NAPLES FL, 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(l), 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: *[Signature]* DATE: 3-10-05 DAYTIME PHONE #: 348-2665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #