

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002346

FILED
Apr 26, 2006
Secretary of State

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

Current Principal Place of Business:

3855 FOREST GLEN BLVD
NAPLES, FL 34114

New Principal Place of Business:

Current Mailing Address:

3855 FOREST GLEN BLVD
NAPLES, FL 34114

New Mailing Address:

FEI Number: 59-3579415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARBURTON, FIONA
865 99TH AVENUE
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALBRIDGE, JOHN W
Address: 3760 JUNGLE PLUM DR E
City-St-Zip: NAPLES, FL 34114

Title: VPVD () Delete
Name: DEPAMPHYLIS, LAURA
Address: 3940 LOBLOLLY BAY DR
City-St-Zip: NAPLES, FL 34114

Title: STD () Delete
Name: MONTBLEAU, WILLIAM
Address: 3878 JUNGLE PLUN DR
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: BUSSARD, NORMAN W
Address: 3796 JUNGLE PLUM DR EAST
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: GYENIZS, WAYNE M
Address: 3914 LOBLOLLY BAY DR, # 201
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCKENNA, JOHN K
Address: 3921 FOREST GLEN BLVD. # 102
City-St-Zip: NAPLES, FL 34114

Title: VPVD (X) Change () Addition
Name: EDGERTON, FRANCES
Address: 3978 BISHWOOD CT. WEST # 202
City-St-Zip: NAPLES, FL 34114

Title: STD (X) Change () Addition
Name: DILLON, PATRICIA
Address: 3921 FOREST GLEN BLVD. # 101
City-St-Zip: NAPLES, FL 34114

Title: D (X) Change () Addition
Name: ALLEMNA, JEANNE
Address: 3572 PERIWINKLE WAY
City-St-Zip: NAPLES, FL 34114

Title: D (X) Change () Addition
Name: BURKART, BRUCE A
Address: 3977 BISHWOOD CT. EAST # 101
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN K MCKENNA

MR.

04/26/2006

Electronic Signature of Signing Officer or Director

Date