

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90170 001 ****70.00

DOCUMENT # N99000002346

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



Principal Place of Business
**3855 FOREST GLEN BLVD
 NAPLES, FL 34114**

Mailing Address
**3855 FOREST GLEN BLVD
 NAPLES, FL 34114**

40049650



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03282007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-3579415

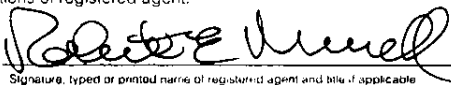
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WARBURTON, FIONA
 865 99TH AVENUE
 NAPLES, FL 34108**

7. Name and Address of New Registered Agent
 Name **MR. ROBERT E MURRELL**
 Street Address (P.O. Box Number is Not Acceptable)
5405 PARK CENTRAL COURT
 City **NAPLES FL FL** Zip Code **34109**

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 **3/29/07**

Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

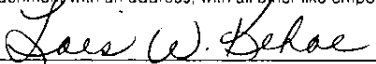
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKENNA, JOHN K 3921 FOREST GLEN BLVD. # 102 NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVD EDGERTON, FRANCES 3978 BISHWOOD CT. WEST # 202 NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DILLON, PATRICIA 3921 FOREST GLEN BLVD. # 101 NAPLES, FL 34114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEMNA, JEANNE 3572 PERIWINKLE WAY NAPLES, FL 34114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKART, BRUCE A 3977 BISHWOOD CT. EAST # 101 NAPLES, FL 34114	<input checked="" 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	PD DISHINGER JAMES 3913 FOREST GLEN BLVD. # 202 NAPLES FL 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEHOE LOIS 3836 JUNGLE PLUM DR. EAST NAPLES FL 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULL DAVID 3900 LOBLODY DR. # 204 NAPLES FL 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE DONALD 3821 JUNGLE PLUM DR. EAST NAPLES FL 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  **Lois W. Kehoe** DATE **6/29/07** DAYTIME PHONE # **239-414-2961 612-329-3835**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40049650
#N9900002346

Title D
Name Wruck Gary
Address 3977 Bishopwood Ct East #103
City-ST-Zip Naples, FL. 34114

ATTACHMENT

40049650
#N199000002346



Reciprocal Response Confirmation Agreement

✓

We would like to reciprocate with Forest Glen.

At this time, we cannot reciprocate with Forest Glen.

Signature: Bob Crossman @

Facility Name: Kensington Golf + CC

Address: 2700 Pine Ridge Rd.

Naples, FL 34109

Telephone: 649-4440

Fax: 649-0427

Please forward your club and rate information to:

R.J. Cady
Director of Golf
Forest Glen Golf & Country Club
3855 Forest Glen Blvd
Naples, Florida 34114

~ or ~

Fax: (239) 354-1904

~ or ~

Email: golfpro@forestglengcc.com