


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90266 022 ****61.25

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3579415				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MURRELL, ROBERT E 5405 PARK CENTRAL COURT NAPLES, FL 34109			Name ERIC J. VASQUEZ		
			Street Address (P.O. Box Number is Not Acceptable) 900 SIXTH AVENUE SO., STE 201		
			City NAPLES		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISKINGER, JAMES		NAME	DISHINGER, JAMES	
STREET ADDRESS	3913 FOREST GLEN BLVD #202		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOIS, KEHOE		NAME	WRUCK GARY	
STREET ADDRESS	3836 JUNGLE PLUM DR EAST		STREET ADDRESS	3917, FOREST GLEN BLVD #202	
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP	NAPLES FL 34114	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILLON, PATRICIA		NAME	BRADLEY EDWARD	
STREET ADDRESS	3921 FOREST GLEN BLVD. # 101		STREET ADDRESS	3703 JUNGLE PLUM DR. W	
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP	NAPLES FL 34114	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEMNA, JEANNE		NAME	LUISTRO FRANK	
STREET ADDRESS	3572 PERIWINKLE WAY		STREET ADDRESS	3767 JUNGLE PLUM DR. E.	
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP	NAPLES FL 34114	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HULL, DAVID		NAME	LAFARIS GREGORY	
STREET ADDRESS	3960 LOBLOLLY DR #204		STREET ADDRESS	3824 JUNGLE PLUM DR E	
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP	NAPLES FL 34114	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASE, DONALD		NAME		
STREET ADDRESS	3821 JUNGLE PLUM DR EAST		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP		
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: <i>Lois W. Kehoe</i>		Lois W. Kehoe		4/29/08 239-417-2964	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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