

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90166 018 \*\*\*\*61.25

**DOCUMENT # 752321**

1. Entity Name

**FOREST GLEN PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

2328 S. CONGRESS AVE  
 #1-C  
 WEST PALM BEACH FL 33406

Mailing Address

2328 S. CONGRESS AVE  
 #1-C  
 WEST PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2149937**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BANYAN PROPERTY MANAGEMENT SERVICES, INC.**  
 2328 S. CONGRESS AVE  
 1-C  
 WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

*V. Donald Hilley Jr*  
 Street Address (P.O. Box Number is Not Acceptable)  
 11382 Prosperity Farms Rd  
 Suite 124  
 Palm Beach Gardens FL Zip Code 33410

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	MALT, ANN B	
STREET ADDRESS	1113 COUNTRY CLUB DR.	
CITY-ST-ZIP	NO. PALM BEACH FL 33408	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRANCA, ANTHONY	
STREET ADDRESS	4627A ORLEANS CT..	
CITY-ST-ZIP	WEST PALM BCH. FL 33415	
TITLE	PD	<input type="checkbox"/> Delete
NAME	IANTHE, HENRY	
STREET ADDRESS	4723D ORLEANS CT.	
CITY-ST-ZIP	WEST PALM BCH. FL 33415	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, LLOYD	
STREET ADDRESS	132 PERI WINKLE DRIVE 9	
CITY-ST-ZIP	HYPULUXO FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEALY, KIM	
STREET ADDRESS	744 SO LAKE AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33438	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harshman, Ann	
STREET ADDRESS	1113 Country Club DR	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry, Ianthe P.	
STREET ADDRESS	4723D Orleans Ct	
CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Taylor, Lloyd	
STREET ADDRESS	132 Periwinkle DR	
CITY-ST-ZIP	Hypoluxo, FL 33462	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leahy, Kim	
STREET ADDRESS	744 S. Lake Ave	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Lloyd Taylor*

(561) 649-8585

CR2E037 (10/00)