

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90216 007 ****61.25

DOCUMENT # 752321

1. Entity Name

FOREST GLEN PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

**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

Zip

Country

Zip

Country

4. FEI Number

59-2149937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILLEY, V. DONALD PA
 11382 PROPSPERITY FARMS ROAD
 ST E124
 WEST PALM BEACH FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

V. DONALD HILLEY

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
 NAME **HARSCHMAN, ANN**
 STREET ADDRESS **1113 COUNTRY CLUB DR.**
 CITY-ST-ZIP **NO. PALM BEACH FL 33408**

TITLE **SECRETARY/DIRECTOR** ☒ Change ☐ Addition
 NAME **ANN HARSHMAN**
 STREET ADDRESS **1113 COUNTRY CLUB DRIVE**
 CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **PD** ☐ Delete
 NAME **IAN THE, HENRY**
 STREET ADDRESS **4723D ORLEANS CT.**
 CITY-ST-ZIP **WEST-PALM-BCH-FL 33415**

TITLE **PRESIDENT/DIRECTOR** ☒ Change ☐ Addition
 NAME **IAN THE BROWN**
 STREET ADDRESS **4723D ORLEANS COURT**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **T** ☐ Delete
 NAME **TAYLOR, LLOYD**
 STREET ADDRESS **132 PERI WINKLE DRIVE 9**
 CITY-ST-ZIP **HYPULUXO FL 33462**

TITLE **RECEIVER** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LEALY, KIM**
 STREET ADDRESS **744 SO LAKE AVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33438**

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME **KIM LEAHY**
 STREET ADDRESS **744 SOUTH LAKE AVE**
 CITY-ST-ZIP **DELRAY BEACH, FL 33438**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: [Signature] REQUIRED

4/25/02 (56)649-8585

CR2E037 (9/01)