2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752321

FILED Apr 27, 2005 Secretary of State

Entity Name: FOREST GLEN PROPERTY OWNERS ASSOCIATION, INC.

urrent P	Principal Place	of Business:	New Prince	ipal Place of Busine	ss:
328 S. C 1-C	ONGRESS AVE	Ξ			
	LM BEACH, FL	. 33406			
urrent N	Mailing Address	s:	New Maili	ng Address:	
	ONGRESS AVE	≣			
1-C /EST PA	LM BEACH, FL	. 33406			
El Number	: 59-2149937	FEI Number Applied For ()	FEI Number Not App	licable () Certific	ate of Status Desired ()
ame and	d Address of C	urrent Registered Agent	: Name and	Address of New Reg	gistered Agent:
UITE 108 ORTH P	'ALM BEACH, F				
ne above	e named entity s	submits this statement for th	he purpose of changing	its registered office or	registered agent, or both
	e named entity s e of Florida.	submits this statement for th	ne purpose of changing	its registered office or	registered agent, or both
the Stat	e of Florida. RE:			ts registered office or	
the Stat	e of Florida. RE:	submits this statement for the		ts registered office or	Date
the Stat	e of Florida. RE:	ic Signature of Registered	Agent		
the Stat	e of Florida. RE: Electroni S AND DIRECT SD () HARSHMANN, A 1113 COUNTRY	ic Signature of Registered TORS: Delete NN	Agent	IS/CHANGES TO OF	Date
the State GNATU FFICER cle: ame: ldress:	e of Florida. RE: Electroni S AND DIRECT SD () HARSHMANN, A 1113 COUNTRY NORTH PALM B PD () BROWN, IANTH 4723-D ORLEAN	ic Signature of Registered TORS: Delete NN CLUB DRIVE 3EACH, FL 33408 Delete	Agent ADDITION Title: Name: Address:	NS/CHANGES TO OF	Date FICERS AND DIRECTO
the State GNATU FFICER le: ume: ldress: ty-St-Zip: le: ume: ldress:	e of Florida. RE: Electroni S AND DIRECT SD () HARSHMANN, A 1113 COUNTRY NORTH PALM B PD () BROWN, IANTH 4723-D ORLEAN WEST PALM BE	ic Signature of Registered TORS: Delete VNN CLUB DRIVE BEACH, FL 33408 Delete BE NS COURT EACH, FL 33415 Delete D CLE DRIVE 9	Agent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	IS/CHANGES TO OF	Date FICERS AND DIRECTO () Addition () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IANTHE P BROWN PD 04/27/2005