

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752321

**Entity Name:** FOREST GLEN PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**8126367693CC**

**Current Principal Place of Business:**

C/O GRS MANAGEMENT ASSOCIATES INC  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH , FL 33463

**Current Mailing Address:**

C/O GRS MANAGEMENT ASSOCIATES INC  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH , FL 33463 US

**FEI Number: 59-2149937**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WYANT CORTEZ & CORTEZ , PA  
840 US HWY. ONE  
SUITE 345  
NORTH PALM BEACH, FL 33408 US

*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: LARRY CORTEZ**

**04/30/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name TAYLOR, LLOYD  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title PD  
Name HENRY, IANTHE P  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title D  
Name HARSHMAN, ANN  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

*I hereby 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 all other like empowered.*

**SIGNATURE: IANTHE HENRY**

**PRESIDENT**

**04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date