FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **760175** **(0)**

1. Corporation Name
FOREST GLEN CONDOMINIUMS, INC.

Principal Place of Business	Mailing Address
U.S. HWY. 19 & S.R. 490 P.O. BOX 2993 HOMOSASSA SPRINGS FL 32647	U.S. HWY. 19 & S.R. 490 P.O. BOX 2993 HOMOSASSA SPRINGS FL 32647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1981
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2302063 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

REBEOR, DOUGLAS
FOREST GLEN CONDO UNIT 1B
HOMOSASSA SPRGS FL 32629

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	REBEOR, DOUGLAS	12 NAME	
STREET ADDRESS	FOREST GLEN CON UNIT 1B	13 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA SPRGS FL	14 CITY-ST-ZIP	
TITLE	SDT	21 TITLE	☐ Change ☐ Addition
NAME	LEWIS, CHRISTINE	22 NAME	800001491808
STREET ADDRESS	FOREST GLENCON #1A	23 STREET ADDRESS	-05/17/95--01141--018
CITY-ST-ZIP	HOMOSASSA SPRINGS FL	24 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	CARNES, KAREN S.	32 NAME	
STREET ADDRESS	FOREST GLEN CON UNIT 1B	33 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34447	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CHRISTINA LEWIS Christina Lewis STD 5/10/95 (904)628-4662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(030A36)