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FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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

3. Date Incorporated or Qualified  
09/24/1981

3a. Date of Last Report  
07/08/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME REBEOR, DOUGLAS  
STREET ADDRESS FOREST GLEN CON UNIT 1B  
CITY-ST-ZIP HOMOSASSA SPRGS FL

TITLE SDT ☐ DELETE

NAME LEWIS, CHRISTINE  
STREET ADDRESS FOREST GLENCON #1A  
CITY-ST-ZIP HOMOSASSA SPRINGS FL

TITLE VD ☒ DELETE

NAME CARNES, KAREN S.  
STREET ADDRESS FOREST GLEN CON UNIT 1B  
CITY-ST-ZIP HOMOSASSA SPRINGS FL 34447

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/D ☐ Change ☒ Addition

1.2 NAME RUDOLPH TOMZ  
1.3 STREET ADDRESS FOREST GLEN CONDO #8077  
1.4 CITY-ST-ZIP HOMOSASSA SPGS, FL 34447

2.1 TITLE TREASURER/D ☒ Change ☐ Addition

2.2 NAME #8071  
2.3 STREET ADDRESS FOREST GLEN CONDO  
2.4 CITY-ST-ZIP HOMOSASSA SPRINGS FL

3.1 TITLE SECRETARY/D ☐ Change ☒ Addition

3.2 NAME JAMES CAGLE  
3.3 STREET ADDRESS FOREST GLEN CONDO #8079  
3.4 CITY-ST-ZIP HOMOSASSA SPG, FL 34447

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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.

christina Lewis 352-628-4682