


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90067 009 \*\*\*\*61.25

<b>DOCUMENT # 760175</b>	
1. Entity Name <b>FOREST GLEN CONDOMINIUMS, INC.</b>	

Principal Place of Business U.S. HWY. 19 & S.R. 490 P.O. BOX 2993 HOMOSASSA SPRINGS FL 34447	Mailing Address PO BOX 490 CRYSTAL RIVER FL 34423
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2. Principal Place of Business	3. Mailing Address <b>8073 W. HOMOSASSA TRAIL</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>HOMOSASSA, FL</b>
Zip	Country
Zip	Country
Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>PROCTOR, DOUGLAS GRAHAM FOREST GLEN CONDO # 8079 HOMOSASSA SPRINGS FL 34447</b>	7. Name and Address of New Registered Agent Name <b>KAREN S. CARNES</b> Street Address (P.O. Box Number is Not Acceptable) <b>8073 W. HOMOSASSA TRAIL</b> City <b>HOMOSASSA</b> FL Zip Code <b>34448</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Karen S. Carnes* / 2.17.05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCTOR, A KATHLEEN FOREST GLEN CONDO #8709 HOMOSASSA FL 34446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROCTOR, DOUGLAS GRAHAM FOREST GLEN CONDO #8079 HOMOSASSA SPRINGS FL 34446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBEOR, DOUGLAS W 2649 N FOREST RIDGE BLVD. HERNANDO FL 34442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	K <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Karen S. Carnes* / 02.17.05 352-637-6161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #