


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 760175</b> 1. Entity Name FOREST GLEN CONDOMINIUMS, INC.	
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Principal Place of Business SR 490 8071 8073 8075 8077 HOMOSASSA, FL 34448	Mailing Address SR 490 8071 8073 8075 8077 HOMOSASSA, FL 34448
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08152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2302063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  CARNES, KAREN S 8073 W. HOMOSASSA TRAIL HOMOSASSA, FL 34448
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBEOR, DOUGLAS W 8073 W. HOMOSASSA TRAIL HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNES, KAREN S 8073 W. HOMOSASSA TRAIL HOMOSASSA, FL 34448
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08/28/07-80002-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **8.15.07** **352-637-6161**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #