## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

DIVISION OF CORPORATIONS

	1990	DIVISION OF CC				
DOCUN 1. Corporation	MENT # N94000	0003347 (1)				
FORES'	T GLADE VILLAGE ASSOCI	ATION, INC.				
Principal Place	of Business	Mailing Address			### <b>48</b> 00 <b>48</b> 00 <b>4400</b> 460 000	
3300 PGA BLV		3300 PGA BLVD SUITE 90	0			
	GARDENS FL 33410	PALM BEACH GARDENS F				
				3. Date Incorporated or Qualified		Report
				07/01/1994	04/12/19	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 65-0569420		Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired		Additional
22		27				Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		O May Be I to Fees
Zιρ	Country	Zip	Country	8. This corporation has liability for		
24	25		30	Florida Statutes  10. Name and Address of New	Yes No	
	9. Name and Address of Curren	it Hegistered Agent	81 Name	OV SOLL ALL	/ Nagistered Agent	
SCHENK	, CARL K		82 Street A	ddress (P.O. Box Number is Not Accept	able)	
3300 PGA BLVD SUITE 900						
PALM BE	EACH GARDENS FL 33410		83			
			84 City		F1 85 Zic	Code
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named cor	poration submits this statement for the p		egistered office
or register familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Secti	da. Such change was authorized ion 617.0503, Florida Statutes.	by the corporation's t	poration submits this statement for the poard of directors. I hereby accept the ap-	opointment as registered	agent. I am
SIGNATURE .	C./4, \$0	nerk	Registered Agent signa ure rec		_1/23/96	
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTO	RS IN 12
TITLE	0	□ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	Brown, Dowdell 3300 Pga blvd Suite 900		1.2 NAME			
STREET ADDRESS  CITY-ST-ZIP	PALM BEACH GARDENS FL	33410	1.3 STREET ADORLSS 1.4 City-St-Zip			
TITLE	D	DELETE	2.1 TITLE	4. MR. W. C. T.	Change	Addition
NAME	SCHENK, <del>CARL K</del>		2.2 NAME	C.K. SCHENK		
STREET ADDRESS	3300 PGA BLVD SUITE 900	20440	2 3 STREET ADDRESS			
CITY-SI-ZIP TITLE	PALM BEACH GARDENS FL	JOELETE	2 4 CHY-ST-ZIP 3 1 TITLE		☐ Change	Addition
NAME	C.K. SCHENK		32 NAME			_
STREET ADDRESS	3300 PGA BLVD SUITE 900		3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL	Floorer	3.4. CITY-ST-ZIP		Change	Addition
TITLE	HONIG, STEPHEN	DELETE	4.1 TITLE 4. 2 NAME		Change	Mudillon
NAME STREET ADDRESS	3300 PGA BLVD SUITE 900		4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL	33410	4.4 CITY-ST-ZIP			
TITLE	\$	DELETE	5.1 TITLE	S, D	Change	☐ Addition
NAME	SHORE, STEPEHEN L		5.2 NAME	RUTH G. DOMB	4m00m	
STREET ADDRESS	3300 PGA BLVD SUITE 900 PALM BEACH GARDENS FL	33410	5 3 STREET ADDRESS 5 4 CITY-ST-ZIP	3300 PGA BLVD PAUM BEACH GA	ROENS FL	. 33410
CITY-ST-ZIP TITEF	The second of the second secon	DELETE	61 TITLE		Change	Addition
NAME	SHORE, STEPHEN L	• •	6.2 NAME	STEPHEN HONIG		£000
STREET ADDRESS	3300 PGA BLVD SUITE 900		6.3 STREET ADDRESS	3700 PG A BOU PAUM BEACH GA	LEVARD #	22///
CITY-ST-ZIP	PALM BEACH GARDENS FL		6.4 CITY - ST - ZIP	THUN BEAUG GA		コンケノ

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 cath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E037 (12/95)