


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 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 # N94000003347 (1) 1. Corporation Name FOREST GLADE VILLAGE ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
3300 PGA BLVD SUITE 900 PALM BEACH GARDENS FL 33410		3300 PGA BLVD SUITE 900 PALM BEACH GARDENS FL 33410-2611	
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		29	
25		30	
3. Date Incorporated or Qualified		3a. Date of Last Report	
07/01/1994		02/27/1996	
4. FEI Number		Applied For	
65-0569420		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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRADFORD, HAL R. 3300 PGA BLVD SUITE 900 PALM BEACH GARDENS FL 33410		81 Name Ivan Chosnek	
		82 Street Address (P.O. Box Number is Not Acceptable) 3300 PGA Boulevard	
		83 Suite 900	
		84 City Palm Beach Gardens FL 85 Zip Code 33410	
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 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 617.0503, Florida Statutes.			
SIGNATURE <u>Ivan Chosnek</u>		DATE <u>2/1/97</u>	
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	P CHOSNEK, IVAN <input type="checkbox"/> DELETE	1.1 TITLE	P, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHOSNEK, IVAN	1.2 NAME	
STREET ADDRESS	3300 PGA BLVD SUITE 900	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHENK, CARL K.	2.2 NAME	Ruth G. Domb
STREET ADDRESS	3300 PGA BLVD SUITE 900	2.3 STREET ADDRESS	3300 PGA Blvd Suite 900
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	2.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICE, PATRICIA G.	3.2 NAME	
STREET ADDRESS	5526 SE FOREST GLADE TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T, D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, LOIS	4.2 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	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JEANNIE M.	5.2 NAME	
STREET ADDRESS	3300 PGA BLVD SUITE 900	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.			
SIGNATURE: <u>Ivan Chosnek</u>		DATE <u>2/1/97</u>	
Signature and typed or printed name of signing officer or director		Daytime Phone # 0040883	

CR2E037 (9/96)