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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003347 (1)
1. Corporation Name

FOREST GLADE VILLAGE ASSOCIATION, INC.

Principal Place of Business 3300 PGA Blvd. Suite 900 Palm Beach Gardens, FL 33410	Mailing Address 3300 PGA Blvd. Suite 900 Palm Beach Gardens, FL 33410
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3. Date Incorporated or Qualified

07/01/94

4. FEI Number

65-0569420

Applied For

Not Applicable

2. Principal Place of Business

21 2400 S.E. Federal Hwy

Suite, Apt. #, etc.

22 Suite 310

City & State

23 Stuart, FL

Zip

24 34994

Country

25 USA

2a. Mailing Address

26 2400 S.E. Federal Hwy

Suite, Apt. #, etc.

27 Suite 310

City & State

28 Stuart, FL

Zip

29 34994

Country

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible

Personal Property Tax due June 30 ☐ Yes ☐ No **N/A**

9. Name and Address of Current Registered Agent

IVAN CHOSNEK

**3300 PGA Boulevard, Suite 900
Palm Beach Gardens, FL 33410**

10. Name and Address of New Registered Agent

81 Name

IVAN CHOSNEK

82 Street Address (P.O. Box Number is Not Acceptable)

2400 S.E. Federal Highway

83

Suite 310

84 City

Stuart

FL

85 Zip Code

34994

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

Ivan M. Chosnek

Ivan M. Chosnek

4-29-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☒ DELETE

NAME **DOMB, RUTH G.**

STREET ADDRESS **3300 PGA Blvd., Suite 900**

CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME

P/D

1.3 STREET ADDRESS

CHOSNEK, IVAN

1.4 CITY-ST-ZIP

2400 S.E. Federal Highway, Suite 310

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

VP/D

2.3 STREET ADDRESS

RICE, PATRICIA

2.4 CITY-ST-ZIP

2400 S.E. Federal Highway, Suite 310

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

T/D

3.3 STREET ADDRESS

TAYLOR, LOIS

3.4 CITY-ST-ZIP

2400 S.E. Federal Highway, Suite 310

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

S/D

4.3 STREET ADDRESS

WHITE, JEANNIE

4.4 CITY-ST-ZIP

2400 S.E. Federal Highway, Suite 310

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

D

5.3 STREET ADDRESS

SIEGEL, CARL

5.4 CITY-ST-ZIP

5693 S.E. Forest Glade Trail

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

HOBE SOUND, FL 33455

6.3 STREET ADDRESS

800002526908

6.4 CITY-ST-ZIP

-05/18/98--01043--020

*****61.25**

14. 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 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: **JEANNIE WHITE**

Jeannie White

4-28-98

561-219-3202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)