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**Mar 30, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000003347**

1. Corporation Name

**FOREST GLADE VILLAGE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2400 SE FEDERAL HWY  
SUITE 310  
STUART FL 34994

2400 SE FEDERAL HWY  
SUITE 310  
STUART FL 34994



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

07/01/1994

22

City & State

27

City & State

4. FEI Number

65-0569420

Applied For

Not Applicable

23

Zip Country

28

Zip Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24

25

29

30

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHOSNEK, IVAN  
2400 SE FEDERAL HWY  
SUITE 310  
STUART FL 34994

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature of officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/6/99

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME CHOSNEK, IVAN  
STREET ADDRESS 2400 SE FEDERAL HWY  
CITY-ST-ZIP STUART FL 34994

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Bob Halstead  
1.3 STREET ADDRESS 7941 Mammoth Drive  
1.4 CITY-ST-ZIP Hobe Sound, FL 33455

TITLE D ☐ DELETE  
NAME SIEGEL, CARL  
STREET ADDRESS 5693 SE FLOREST GLADE TRAIL  
CITY-ST-ZIP HOBE SOUND FL 33455

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME RICE, PATRICIA G.  
STREET ADDRESS 2400 SE FEDERAL HWY  
CITY-ST-ZIP STUART FL 34994

3.1 TITLE V ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME TAYLOR, LOIS  
STREET ADDRESS 2400 SE FEDERAL HWY  
CITY-ST-ZIP STUART FL 34994

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME WHITE, JEANNIE M.  
STREET ADDRESS 2400 SE FEDERAL HWY  
CITY-ST-ZIP STUART FL 34994

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Ivan Chosnek*  
SIGNATURE REQUIRED

1/6/99

561-219-3202

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2F037 (1/98)