

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90069 011 \*\*\*\*70.00

|                                                                                   |                                                                                   |
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| <b>DOCUMENT #</b> N99000002346                                                    |  |
| <b>1. Entity Name</b><br>FOREST GLEN GOLF & COUNTRY CLUB MASTER ASSOCIATION, INC. |                                                                                   |

|                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>3185 HORSESHOE DRIVE SOUTH<br>NAPLES, FL 34104 | <b>Mailing Address</b><br>3185 HORSESHOE DRIVE SOUTH<br>NAPLES, FL 34104 |
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| <b>2. Principal Place of Business</b><br>3855 Forest Glen Blvd. | <b>3. Mailing Address</b><br>3855 Forest Glen Blvd. |
| Suite, Apt. #, etc.                                             | Suite, Apt. #, etc.                                 |

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>City &amp; State</b><br>Naples FL | <b>City &amp; State</b><br>Naples FL |
| <b>Zip</b><br>34114                  | <b>Zip</b><br>34114                  |
| <b>Country</b><br>Collier            | <b>Country</b><br>Collier            |

**6. Name and Address of Current Registered Agent**

|                                                                       |
|-----------------------------------------------------------------------|
| <b>BLOOM, KEN E</b><br>3185 HORSESHOE DRIVE SOUTH<br>NAPLES, FL 34104 |
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| <b>7. Name and Address of New Registered Agent</b>                        |
| <b>Name</b> FIONA WARBURTON                                               |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b> 805 99TH AVENUE |
| <b>City</b> NAPLES <b>FL</b> <b>Zip Code</b> 34108                        |

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| <b>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.</b> |
| <b>SIGNATURE</b> <i>Fiona Warbut.</i> <b>DATE</b> 3/10/05                                                                                                                                                                            |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                            |

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| <b>Filing Fee Is \$61.25 Due by May 1, 2005</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to Florida Department of State</b> |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                                  |                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                               |                                     |
|-------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>TITLE</b> DP <input checked="" type="checkbox"/> Delete  | <b>NAME</b> SOLOMON, ANTHONY P      | <b>TITLE</b> President P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             | <b>NAME</b> John W. Walbridge       |
| <b>STREET ADDRESS</b> 3185 HORSESHOE DRIVE SOUTH            | <b>CITY-ST-ZIP</b> NAPLES, FL 34104 | <b>STREET ADDRESS</b> 3760 Jungle Plum Dr E                                                                         | <b>CITY-ST-ZIP</b> Naples, FL 34114 |
| <b>TITLE</b> DV <input checked="" type="checkbox"/> Delete  | <b>NAME</b> TAYLOR, MARK S          | <b>TITLE</b> Vice President V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        | <b>NAME</b> LAURA DEPAULIS          |
| <b>STREET ADDRESS</b> 3185 HORSESHOE DRIVE SOUTH            | <b>CITY-ST-ZIP</b> NAPLES, FL 34104 | <b>STREET ADDRESS</b> 3940 LOBLOLLY BAY DR.                                                                         | <b>CITY-ST-ZIP</b> NAPLES, FL 34114 |
| <b>TITLE</b> DTS <input checked="" type="checkbox"/> Delete | <b>NAME</b> BLOOM, KEN E            | <b>TITLE</b> Secretary/Treasurer S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>NAME</b> WILLIAM MONT BLEAU      |
| <b>STREET ADDRESS</b> 3185 HORSESHOE DRIVE SOUTH            | <b>CITY-ST-ZIP</b> NAPLES, FL 34104 | <b>STREET ADDRESS</b> 3878 JUNGLE PLUM DR E.                                                                        | <b>CITY-ST-ZIP</b> NAPLES, FL 34114 |
| <b>TITLE</b> <input type="checkbox"/> Delete                | <b>NAME</b>                         | <b>TITLE</b> Director D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               | <b>NAME</b> NORMAN W. BUSSARD       |
| <b>STREET ADDRESS</b>                                       | <b>CITY-ST-ZIP</b>                  | <b>STREET ADDRESS</b> 3796 JUNGLE PLUM DR. EAST                                                                     | <b>CITY-ST-ZIP</b> NAPLES, FL 34114 |
| <b>TITLE</b> <input type="checkbox"/> Delete                | <b>NAME</b>                         | <b>TITLE</b> Director D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               | <b>NAME</b> WAYNE M. GYENIZS        |
| <b>STREET ADDRESS</b>                                       | <b>CITY-ST-ZIP</b>                  | <b>STREET ADDRESS</b> 3914 LOBLOLLY BAY DR. #201                                                                    | <b>CITY-ST-ZIP</b> NAPLES FL, 34114 |
| <b>TITLE</b> <input type="checkbox"/> Delete                | <b>NAME</b>                         | <b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      | <b>NAME</b>                         |
| <b>STREET ADDRESS</b>                                       | <b>CITY-ST-ZIP</b>                  | <b>STREET ADDRESS</b>                                                                                               | <b>CITY-ST-ZIP</b>                  |

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| <b>12. 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 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.</b> |                                                     |
| <b>SIGNATURE:</b> <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>DATE</b> 3-10-05 <b>DAYTIME PHONE #</b> 348-3665 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                     |