



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90266 022 \*\*\*\*61.25

<b>DOCUMENT # N99000002346</b> 1. Entity Name <b>FOREST GLEN GOLF &amp; COUNTRY CLUB MASTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>3855 FOREST GLEN BLVD NAPLES, FL 34114</b>			Mailing Address <b>3855 FOREST GLEN BLVD NAPLES, FL 34114</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>40097879</b> 	
City & State		City & State		4. FEI Number <b>59-3579415</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MURRELL, ROBERT E 5405 PARK CENTRAL COURT NAPLES, FL 34109</b>				7. Name and Address of New Registered Agent Name <b>ERIC J. VASQUEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>900 SIXTH AVENUE SO., STE 201</b> City <b>NAPLES</b> FL <b>34102</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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing 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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DISKINGER, JAMES 3913 FOREST GLEN BLVD #202 NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DISKINGER, JAMES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOIS, KEHOE 3836 JUNGLE PLUM DR EAST NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WRUCK GARY 3917, FOREST GLEN BLVD #202 NAPLES FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLON, PATRICIA 3921 FOREST GLEN BLVD. # 101 NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP BRADLEY EDWARD 3703 JUNGLE PLUM DR. W NAPLES FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEMNA, JEANNE 3572 PERIWINKLE WAY NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUISTRO FRANK 3767 JUNGLE PLUM DR E. NAPLES FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULL, DAVID 3960 LOBLOLLY DR #204 NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFAKIS GREGORY 3824 JUNGLE PLUM DR E NAPLES FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, DONALD 3821 JUNGLE PLUM DR EAST NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>SIGNATURE:</b> <i>Lois W. Kehoe</i> <b>Lois W. Kehoe</b> 4/29/08 239-417-2464 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					