2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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	Secretary of S		
DOCUMENT # N9900000 1. Entity Name FOREST GLEN GOLF & COUNTR ASSOCIATION, INC.		05-05-2008 90266 022 ***	
Principal Place of Business 3855 FOREST GLEN BLVD NAPLES, FL 34114	Mailing Address 3855 FOREST GLEN BLVD NAPLES, FL 34114	40097879	
A Disciplina of Business No. DO Book	I a stalling Address		

NAPLES, FL 34114		NAPLES, FL 34114		49001010								
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Principal Place of Business - No P.O. Box # 3. Ma			3. Mailing Address	Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04292008	Chg-NP	CR2E0	37 (12/06)				
City & State			City & State		4. FEI Number 59-357				oplied For of Applicable			
Zip	Country Zip Country				у	S. Certificate of Status Desired						
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
MURREU	RORERI	rc		١	Name ERIC	J. VASC		<u> </u>				
MURRELL, ROBERT E 5405 PARK CENTRAL COURT				s	Street Address	(P.O. Box Number is Not Acceptable) SIXTH AVENUE SO., STE 201						
NAPLES,	FL 34109			-	900	STYTU WA	PINUE SU	<u>, , ,) [</u>	201			
				-6	Sity				Zip Cod	A		
<u> </u>					NAPLE			FL	- ^z 3 41			
8. The above the obligat	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 .									. <u> </u>	 		
	Signature, typed	or primary fame of registered agent and	d title if applicable. (NOTE: I	Registered Age	ent signature require	d when reinstating)		DATE				
	Filing Fe	e is \$61.25		9. Election Campaign Financing		\$5.00 May B	le l	Make chec	k payable t	0		
		Due by May 1, 2008			Trust Fund Contribution.		Added to Fees Florida Department of State					
10. OFFICERS AND DIRECTOR												
10.	T'	OFFICERS AND DIRE		11.		ADDITIONS/CH	ANGES TO OFFICI	ERS AND DI				
TITLE	PD		CTORS Delete	TITLE				ERS AND DI	RECTORS IN Change	I 10 ☐ Addition		
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receipt centry that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliamental 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 receipter 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.

SIGNATURE: