2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002346

FILED Mar 23, 2009 Secretary of State

Entity Name: FOREST GLEN GOLF & COUNTRY CLUB MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3855 FOREST GLEN BLVD NAPLES, FL 34114 **Current Mailing Address: New Mailing Address:** 3855 FOREST GLEN BLVD NAPLES, FL 34114 FEI Number: 59-3579415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VASQUEZ, ERIC J 900 SIXTH AVENUE SO., STE 201 NAPLES, FL 34102 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DISHINGER, JAMES Name: Name: 3913 FOREST GLEN BLVD #202 Address: Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: Title: TD Title: (X) Change () Addition () Delete LOIS, KEHOE Name: PETERSON, ROGER Name: Address: 3836 JUNGLE PLUM DR EAST Address: 3867 JUNGLE PLUM DR EAST City-St-Zip: NAPLES, FL 34114 City-St-Zip: NAPLES, FL 34114 Title: () Delete Title: (X) Change () Addition BRADLEY, EDWARD CASTELLI, M PATRICIA Name: Name: Address: 3703 JUNGLI PLUM DR. W. Address: 3548 PERIWINKLE WAY City-St-Zip: NAPLES, FL 34114 City-St-Zip: NAPLES, FL 34114 Title: () Delete Title: () Change () Addition LUISTRO, FRANK Name: Name: 3767 JUNGLE PLUM DR. E. Address: Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition HULL, DAVID WRUCK, GARY Name: Name: 3960 LOBLOLLY DR #204 3917 FORESTGLEN BLVD #202 Address: Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: NAPLES, FL 34114 Title: () Delete Title: () Change (X) Addition LAFAKIS, GREGORY Name: Name: Address: Address: 3824 JUNGLE PLUM EAST NAPLES, FL 34114 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. PATRICIA CASTELLI SD 03/23/2009