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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000518 (0)

1. Corporation Name

VILLAGE ON THE GREENS AT WINSTON TRAILS HOMEOWNE RS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6000 IRONHORSE BLVD. WEST PALM BEACH FL 33412	6000 IRONHORSE BLVD. WEST PALM BEACH FL 33412-2403

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business	2a. Mailing Address
21 6285 Old Medinah Circle	26 1215 E. Hillsboro Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lake Worth, FL	City & State 28 Deerfield Bch, FL.
Zip 24 FL — Country 25 33463	Zip 29 33441 — Country 30 USA

4. FEI Number: 65-0025065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMPBELL, BRUCE
1215 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	STONE, ROBERT SR		1.2 NAME	Stone, Robert Sr.	
STREET ADDRESS	6285 OLD MEDINAH CIR.		1.3 STREET ADDRESS	6285 old medinah Circle	
CITY-ST-ZIP	LAKE WORTHF FL		1.4 CITY-ST-ZIP	Lake Worth, FL. 33463	
TITLE	VP	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	CARR, JAMES		2.2 NAME	Carr, James	
STREET ADDRESS	6285 OLD MEDINAH CIR.		2.3 STREET ADDRESS	6285 old medinah Circle	
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE	STD	☐ DELETE	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	MILLER, ROBIN		3.2 NAME	miller, Robin	
STREET ADDRESS	6285 OLD MENDINAH CIR.		3.3 STREET ADDRESS	6285 old medinah Circle	
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE [signature] Robin Miller / Secretary ... 3/18/97 (561) 434-...