

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name **VILLAGE ON THE GREENS**
Homeowners Assn Inc
94000000518

FILED

00 JUN -2 PM 1:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

5980 WINSTON TRLS BLVD
LK. WORTH, FL
33463

2. Principal Place of Business

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0025065

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNETH ARNESEN
CAMPBELL PROP. MGMT
5980 WINSTON TRAILS
LK. WORTH, FL. 33463

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

[Signature]

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **BERT REIFF**
 STREET ADDRESS **5980 WINSTON TRLS BLVD**
 CITY-ST-ZIP **LK WORTH, FL 33463**

TITLE ☐ Change ☐ Addition
 NAME **700003312407**
 STREET ADDRESS **-07/05/00--01010--015**
 CITY-ST-ZIP *******61.25 *****61.25**

TITLE ☐ Delete
 NAME **V-P-D**
 STREET ADDRESS **CV (SEYMOUR) TAUBER**
 CITY-ST-ZIP **5980 WINSTON TRIS BLVD**
LK WORTH, FL 33463

TITLE ☐ Change ☐ Addition
 NAME **700003312407**
 STREET ADDRESS **-07/05/00--01010--015**
 CITY-ST-ZIP *******236.25 *****236.25**

TITLE ☐ Delete
 NAME **T-D**
 STREET ADDRESS **LEWIS GINSBERG**
 CITY-ST-ZIP **5980 WINSTON TRLS BLVD.**
LK. WORTH, FL 33463

TITLE ☐ Change ☐ Addition
 NAME **REINSTATEMENT**
 STREET ADDRESS **9/24/00**
 CITY-ST-ZIP **1/15/01**

TITLE ☐ Delete
 NAME **S-D**
 STREET ADDRESS **WLOYD HOPSON**
 CITY-ST-ZIP **5980 WINSTON TRLS BLVD**
LK. WORTH, FL 33463

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

[Signature] (BERT REIFF)

4-20/00

561-433-9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)