2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 25, 2001 8:00 am Secretary of State DOCUMENT # N9400000518 04-09-2001 90027 029 \*\*\*\*61.25 VILLAGE ON THE GREENS AT WINSTON TRAILS HOMEOWNE Principal Place of Business Mailing Address 5980 WINSTON TRAILS BLVD 5980 WINSTON TRAILS BLVD LAKE WORTH FL 33463 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0025065 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ARNESEN, KENNETH CAMPBELL PROP. MGMT'T 5980 WINSTON TRAILS BLVD. City Zip Code LAKE WORTH FL 33463 FL 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VPD Delete TITLE 4 Change Addition MARTIN BULION TRAILS BIND NAME TAUBER, CY (SEYMOUR) NAME STREET ADDRESS STREET ADDRESS 5980 WINSTON TRAILS BLVD LK. WORTH, FL. 33463 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 Addition TITLE PD ☐ Delete TITLE ☐ Change NAME REIFF, BURT NAME STREET ADORESS 5980 WINSTON TRAILS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 CHARLES CHITEHILLS TITLE ☐ Delete TITLE ☐ Change Addition NAME " GINSBURG, LEWIS NAME. BIUD STREET ADDRESS STREET ADDRESS 5980 WINSTON TRAILS BLVD LKWORTH, FL 33463 CMY-ST-ZIP CITY-ST-ZIP <u>Lake worth fl 33463</u> VPD TITLE ☐ Delete TITLE ZI-chance ☐ Addition NAME HOPSON, LLOYD NAME STREET ADDRESS STREET ADDRESS 5980 WINSTON TRAILS BLVD CITY-ST-ZIP CITY-\$1-71P LAKE WORTH FL 33463 RICHARD TRIPTOW Change 5980 WINSTON TRAILS BIUD LK. WORTH, FL. 33463 TITLE 4 Addition ☐ Deleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 any address, with all other like empowered.

SIGNATURE: Skill VII B LIFTURED 4-53-6

4-03-01 561-433-9050

Dete

Daytime Phone #