

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90055 023 ****61.25

DOCUMENT # N94000000518

1. Entity Name

VILLAGE ON THE GREENS AT WINSTON TRAILS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5980 WINSTON TRAILS BLVD
LAKE WORTH FL 33463**

**5980 WINSTON TRAILS BLVD
LAKE WORTH FL 33463**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0025065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAMB, BRUCE R
CAMPBELL PROP. MGMT'T
5980 WINSTON TRAILS BLVD.
LAKE 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, 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 **PD REIFF, BURT**
STREET ADDRESS **5980 WINSTON TRAILS BLVD**
CITY-ST-ZIP **LAKE WORTH FL 33463**

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

TITLE ☐ Delete
NAME **SD BULION, MARTIN**
STREET ADDRESS **5980 WINSTON TRAILS BLVD**
CITY-ST-ZIP **LAKE WORTH FL 33463**

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

TITLE ☒ Delete
NAME **VPD HOPSON, LLOYD**
STREET ADDRESS **5980 WINSTON TRAILS BLVD**
CITY-ST-ZIP **LAKE WORTH FL 33463**

☒ Change ☐ Addition
TITLE **VPD**
NAME **SEYMOUR TAUBER**
STREET ADDRESS **5980 WINSTON TRLS BLVD**
CITY-ST-ZIP **LK. WORTH, FL 33463**

TITLE ☒ Delete
NAME **TD WHITEHILL, CHARLES**
STREET ADDRESS **5980 WINSTON TRAILS BOULEVARD**
CITY-ST-ZIP **LAKE WORTH FL 33463**

☒ Change ☐ Addition
TITLE **TD**
NAME **LEWIS GINSBERG**
STREET ADDRESS **5980 WINSTON TRLS BLVD**
CITY-ST-ZIP **LK. WORTH, FL 33463**

TITLE ☒ Delete
NAME **D TRIPTOW, RICHARD**
STREET ADDRESS **5980 WINSTON TRAILS BOULEVARD**
CITY-ST-ZIP **LAKE WORTH FL 33463**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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:

SEYMOUR TAUBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)