

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90031 016 ****61.25

DOCUMENT # N94000000518

1. Entity Name

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



Principal Place of Business

5980 WINSTON TRAILS BLVD
LAKE WORTH FL 33463

Mailing Address

5980 WINSTON TRAILS BLVD
LAKE WORTH FL 33463

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

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

CRAMB, BRUCE R
CAMPBELL PROP. MGMT'T
5980 WINSTON TRAILS BLVD.
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME REIFF, BURT
STREET ADDRESS 5980 WINSTON TRAILS BLVD
CITY-ST-ZIP LAKE WORTH FL 33463

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

TITLE **D** ☒ Delete
NAME TAUBER, SEYMOUR
STREET ADDRESS 5980 WINSTON TRAILS BLVD
CITY-ST-ZIP LAKE WORTH FL 33463

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

TITLE **PD** ☒ Delete
NAME HOPSON, EVELYN
STREET ADDRESS 6192 GRAND CYPRESS CIR
CITY-ST-ZIP LAKE WORTH FL 33463

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME JOHN DOWD
STREET ADDRESS 6332 GRAND CYPRESS CIR
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE **SEC** ☐ Change ☒ Addition
NAME PHILLIP KORMAN
STREET ADDRESS 6399 GRAND CYPRESS CIR
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME CECIL MULLENBIX
STREET ADDRESS 6407 GRAND CYPRESS CIR
CITY-ST-ZIP LAKE WORTH FL 33463

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

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

(561) 433-9050

Daytime Phone #