

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-09-2003 90123 040 ****65.00

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

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAMB, BRUCE R
CAMPBELL PROP. MGMT
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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REIFF, BURT 5980 WINSTON TRAILS BLVD LAKE WORTH FL 33463	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BULLION, MARTIN 5980 WINSTON TRAILS BLVD LAKE WORTH FL 33463	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAUBER, SEYMOUR 5980 WINSTON TRAILS BLVD LAKE WORTH FL 33463	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GINSBERG, LEWIS 5980 WINSTON TRAILS BOULEVARD LAKE WORTH FL 33463	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Evelyn Hopson 6192 Grand Cypress Cir. LAKE WORTH, FL 33463	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Barbara Macaluso 5980 Winston Trails Blvd. Lake Worth, FL 33463	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jan Frelich 5980 WINSTON TRAILS LAKE WORTH, FL 33463	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gloria Manzone 5980 Winston Trails Blvd. LAKE WORTH, FL 33463	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Required

3-4-03

561-433-9050

Date

Daytime Phone #

CR2E037 (10/02)