

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735849 (2)
1. Corporation Name
THE TROYWOOD LEARNING ENVIRONMENT, INC.

Principal Place of Business
**1950 PRAIRIE RD.
W. PALM BEACH FL 33408**

Mailing Address
**1950 PRAIRIE RD.
W. PALM BEACH FL 33408**

APPROVED
AND
FILED

95 FEB 17 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****61.75 *****61.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1976	3a. Date of Last Report 08/02/1994
4. FEI Number 59-1669217	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**WINBERG, LAWRENCE H.
1950 PRAIRIE RD.
W. PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP	NAME ALTSCHULER, LAUREN
STREET ADDRESS 4107 INLET CIRCLE	CITY-ST-ZIP GREENACRES FL
TITLE ST	NAME WINBERG, ADRIENNE
STREET ADDRESS 2820 CUYAHOGA LANE	CITY-ST-ZIP W. PALM BEACH FL
TITLE P	NAME WINBERG, LAWRENCE H.
STREET ADDRESS 2820 CUYAHOGA LANE	CITY-ST-ZIP W. PALM BEACH FL
TITLE D	NAME GOLEMBIEWSKI, RONALD
STREET ADDRESS 3500 WHITEHALL DR.	CITY-ST-ZIP W. PALM BCH. FL
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP-D	☒ Change ☐ Addition
1.2 NAME Altschuler, Lauren	
1.3 STREET ADDRESS 4107 Inlet Circle	
1.4 CITY-ST-ZIP Greenacres, FL	
2.1 TITLE ST-D	☒ Change ☐ Addition
2.2 NAME Winberg, Adrienne	
2.3 STREET ADDRESS 2820 Cuyahoga Lane	
2.4 CITY-ST-ZIP W. Palm Beach, FL	
3.1 TITLE P-D	☒ Change ☐ Addition
3.2 NAME Winberg, Lawrence	
3.3 STREET ADDRESS 2820 Cuyahoga Lane	
3.4 CITY-ST-ZIP West Palm Beach, FL	
4.1 TITLE D	☒ Change ☐ Addition
4.2 NAME Golembiewski, Ronald	
4.3 STREET ADDRESS 3520 Whitehall Dr	
4.4 CITY-ST-ZIP W. Palm Beach, FL	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.03(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Headmaster - Mrs.

Lawrence H. Winberg

407-969-3000

Date

Signature (Name)

1/17/95