

FILE NOW: FILING FEE IS \$61.25

1-2

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33406

Mailing Address
1950 PRAIRIE RD.
W. PALM BEACH FL 33406

3. Date Incorporated or Qualified
05/18/1976

3a. Date of Last Report
02/17/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
59-1669217

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
WINBERG, LAWRENCE H.
1950 PRAIRIE RD.
W. PALM BEACH FL 33406

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ALTSCHULER, LAUREN	
STREET ADDRESS	4107 INLET CIRCLE	
CITY-ST-ZIP	GREENACRES FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WINBERG, ADRIENNE	
STREET ADDRESS	2820 CUYAHOGA LANE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WINBERG, LAWRENCE H.	
STREET ADDRESS	2820 CUYAHOGA LANE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLEMBIEWSKI, RONALD	
STREET ADDRESS	3520 WHITEHALL DR.	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	See attached.
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	See attached.
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	See attached.
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	See attached.
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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: Bruce E. Loren, President 7/3/96 954-527-2424
BRUCE E. LOREN
100001905331
-07/26/96--01026--027
***61.25
7/26/96

CR2E037 (12/95)

2-2

13. Additions/Changes to Officers and Directors in 12

Title PD	Change	X Addition
Name Loren, Bruce E.		
Street Address 1950 Prairie Road		
City-St-Zip West Palm Beach, Fl 33406		
Title VPD	Change	X Addition
Name Groves, Kenneth		
Street Address 1950 Prairie Road		
City-St-Zip West Palm Beach, Fl 33406		
Title D	Change	X Addition
Name Rill, Douglas		
Street Address 1950 Prairie Road		
City-St-Zip West Palm Beach, Fl 33406		
Title SD	Change	X Addition
Name Miller, Elizabeth		
Street Address 1950 Prairie Road		
City-St-Zip West Palm Beach, Fl 33406		
Title D	Change	X Addition
Name Dale, Trudy		
Street Address 1950 Prairie Road		
City-St-Zip West Palm Beach, Fl 33406		
Title TD	Change	X Addition
Name Brown, David		
Street Address 1950 Prairie Road		
City-St-Zip West Palm Beach, Fl 33406		
Title D	Change	X Addition
Name Blum, Michelle		
Street Address 1950 Prairie Road		
City-St-Zip West Palm Beach, Fl 33406		
Title D	Change	X Addition <i>Bruce E. Loren</i>
Name Altschuler, Lauren		
Street Address 1950 Prairie Road		
City-St-Zip West Palm Beach, Fl 33406		
Title D	Change	X Addition <i>Bruce E. Loren</i>
Name Winberg, Lawrence H.		
Street Address 1950 Prairie Road		
City-St-Zip West Palm Beach, Fl 33406		