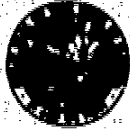


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 11:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 745245 (1)

1. Corporation Name

**A PLACE IN THE WOODS PROPERTY OWNERS ASSOCIATION
INC.**

Principal Place of Business

Mailing Address

**8012 GREEN MEADOWS WAY
PALM BEACH GARDENS FL 33418**

**8012 GREEN MEADOWS WAY
PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/13/1978

3a. Date of Last Report
03/01/1994

4. FE Number
59-2298523

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

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JUSTICE, JOHN
9142 GREEN MEADOWS WAY
PALM BEACH GARDENS FL 33418**

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**
NAME **JUSTICE, JOHN**
STREET ADDRESS **9142 GREEN MEADOWS WAY**
CITY - ST - ZIP **PALM BCH GDNS FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **VO**
NAME **BRANHAM, BILL**
STREET ADDRESS **9070 GREEN MEADOWS WAY**
CITY - ST - ZIP **PALM BCH GDNS FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

VD
REEKERS, BRIAN
9144 GREEN MEADOWS WAY
PALM BCH GDNS FL 33418

TITLE **TD**
NAME **WELLS, STANLEY**
STREET ADDRESS **9102 GREEN MEADOWS WAY**
CITY - ST - ZIP **PALM BCH GDNS FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **SD**
NAME **HALL, MARTY**
STREET ADDRESS **9114 GREEN MEADOWS WAY**
CITY - ST - ZIP **PALM BCH GDNS FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☒ Change ☐ Addition

SD
THROOP, MIREYA
5775 LADY LUCK LANE
PALM BCH GDNS FL 33418

TITLE **D**
NAME **MARIE, JANICE**
STREET ADDRESS **9057 GREEN MEADOWS WAY**
CITY - ST - ZIP **PALM BCH GDNS FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☒ Change ☐ Addition

D
PAPPOLLA, WAYNE
9115 GREEN MEADOWS WAY
PALM BCH GDNS FL 33418

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

STANLEY WELLS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 March 95

DATE

Telephone / Home #

407-796-9040