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
9012 GREEN MEADOWS WAY PALM BEACH GARDENS FL 33418	9012 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. FEI 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	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

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

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 607.1508, 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	JUSTICE, JOHN	1.2 NAME	
STREET ADDRESS	9142 GREEN MEADOWS WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	BRANHAM, BILL	2.2 NAME	REEKERS, BRIAN
STREET ADDRESS	9070 GREEN MEADOWS WAY	2.3 STREET ADDRESS	9144 GREEN MEADOWS WAY
CITY-ST-ZIP	PALM BCH GDNS FL	2.4 CITY-ST-ZIP	PALM BCH GDNS FL 33418
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	WELLS, STANLEY	3.2 NAME	
STREET ADDRESS	9102 GREEN MEADOWS WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	HALL, MARTY	4.2 NAME	THROOP, MIREYA
STREET ADDRESS	9114 GREEN MEADOWS WAY	4.3 STREET ADDRESS	5775 LADY LUCK LANE
CITY-ST-ZIP	PALM BCH GDNS FL	4.4 CITY-ST-ZIP	PALM BCH GDNS FL 33418
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	MARIE, JANICE	5.2 NAME	PAPPOLLA, WAYNE
STREET ADDRESS	9057 GREEN MEADOWS WAY	5.3 STREET ADDRESS	9115 GREEN MEADOWS WAY
CITY-ST-ZIP	PALM BCH GDNS FL	5.4 CITY-ST-ZIP	PALM BCH GDNS FL 33418
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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 Stanley Wells 31 March 95 407-796-9040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #