

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **745245** (1)

1. Corporation Name

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



Principal Place of Business  
**9012 GREEN MEADOWS WAY  
PALM BEACH GARDENS FL 33418**

Mailing Address  
**9012 GREEN MEADOWS WAY  
PALM BEACH GARDENS FL 33418**

3. Date Incorporated or Qualified  
**12/13/1978**

3a. Date of Last Report  
**04/18/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2298523</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

## 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  
**GAUMER, SOZANNE**

82. Street Address (P.O. Box Number is Not Acceptable)  
**9226 GREEN MEADOWS WAY**

83. City

84. City  
**PALM BEACH GARDENS FL**

85. Zip Code  
**33418**

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 *Suzanne M Gaumer*

(NOTE: Registered Agent signature required when reinstating)

DATE **3-12-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PD JUSTICE, JOHN</b>	1.2 NAME	<b>GAUMER, SUZANNE</b>
STREET ADDRESS	<b>9142 GREEN MEADOWS WAY</b>	1.3 STREET ADDRESS	<b>9226 GREEN MEADOWS WAY</b>
CITY-ST-ZIP	<b>PALM BCH GDNS FL</b>	1.4 CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD REEKRS, BRIAN</b>	2.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>9144 GREEN MEADOWS WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD WELLS, STANLEY</b>	3.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>9102 GREEN MEADOWS WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GDNS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SD THROOP, MIREYA</b>	4.2 NAME	<b>RYAN, COZETTE</b>
STREET ADDRESS	<b>5775 LADY LUCK LANE</b>	4.3 STREET ADDRESS	<b>9212 GREEN MEADOWS WAY</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	4.4 CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D PAPPOLLA, WAYNE</b>	5.2 NAME	<b>MADDEN, JEAN</b>
STREET ADDRESS	<b>9115 GREEN MEADOWS WAY</b>	5.3 STREET ADDRESS	<b>9130 GREEN MEADOWS WAY</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	5.4 CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>JUSTICE, JOHN</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>9142 GREEN MEADOWS WAY</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>

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:

*Stanley Wells*

**STANLEY WELLS**

**3-12-96**

**407-796-9135**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)