

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

Mailing Address

**9012 GREEN MEADOWS WAY
PALM BEACH GARDENS FL 33418****9012 GREEN MEADOWS WAY
PALM BEACH GARDENS FL 33418-5742**3. Date Incorporated or Qualified
12/13/19783a. Date of Last Report
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

**GAUMER, SUZANNE
9226 GREEN MEADOWS WAY
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name **JOHN JUSTICE**
82 Street Address (P.O. Box Number is Not Acceptable)
9142 GREEN MEADOWS WAY
83
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

JOHN JUSTICE**4/23/97**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JUSTICE, JOHN	
STREET ADDRESS	9142 GREEN MEADOWS WAY	
CITY - ST - ZIP	PALM BCH GDNS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REEKRS, BRIAN	
STREET ADDRESS	9144 GREEN MEADOWS WAY	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RYAN, COZETTE	
STREET ADDRESS	9212 GREEN MEADOWS WAY	
CITY - ST - ZIP	PALM BCH GDNS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	THROOP, MIREYA	
STREET ADDRESS	5775 LADY LUCK LANE	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MADEEN, JEAN	
STREET ADDRESS	9130 GREEN MEADOWS WAY	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JUSTICE, JOHN	
STREET ADDRESS	9142 GREEN MEADOWS WAY	
CITY - ST - ZIP	PAL BE	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL OENBRINK
2.3 STREET ADDRESS	9215 GREEN MEADOWS WAY
2.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MICHELLE GORSKI
3.3 STREET ADDRESS	9145 GREEN MEADOWS WAY
3.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN CARTER
4.3 STREET ADDRESS	9100 GREEN MEADOWS WAY
4.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVID CREWS
5.3 STREET ADDRESS	9143 GREEN MEADOWS WAY
5.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STANLEY WELLS
6.3 STREET ADDRESS	9102 GREEN MEADOWS WAY
6.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418

14. I do hereby certify that the information supplied with this filing 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** 4/15/97 561-796-9135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041507

CR2E037 (9/96)