

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

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

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



3. Date Incorporated or Qualified

**12/13/1978**

4. FEI Number

**59-2298523**

Applied For

Not Applicable

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 30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

**JOHN CARTER**

82 Street Address (P.O. Box Number is Not Acceptable)

**9100 GREEN MEADOWS WAY**

83

84

**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

*[Signature]*

**JOHN CARTER**

**TREASURER**

**2/5/98**

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

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

TITLE **VD** ☐ DELETE  
NAME **OENBRINK, PAUL**  
STREET ADDRESS **9215 GREEN MEADOWS WAY**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

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

TITLE **SD** ☐ DELETE  
NAME **GORSKI MICHELLE**  
STREET ADDRESS **9145 GREEN MEADOWS WAY**  
CITY-ST-ZIP **PALM BCH GDNS FL**

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

TITLE **TD** ☐ DELETE  
NAME **CARTER, JOHN**  
STREET ADDRESS **9100 GREEN MEADOWS WAY**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

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

TITLE **D** ☐ DELETE  
NAME **CREWS, DAVID**  
STREET ADDRESS **9143 GREEN MEADOWS WAY**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

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

TITLE **D** ☒ DELETE  
NAME **WELLS, STANLEY**  
STREET ADDRESS **9102 GREEN MEADOWS WAY**  
CITY-ST-ZIP **PAL BE**

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

14. I 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:

*[Signature]*

**JOHN CARTER**

**2/5/98**

**561-848-8422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)