

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745245

1. Entity Name

A PLACE IN THE WOODS PROPERTY OWNERS ASSOCIATION

Principal Place of Business

9012 GREEN MEADOWS WAY  
PALM BEACH GARDENS FL 33418

Mailing Address

9012 GREEN MEADOWS WAY  
PALM BEACH GARDENS FL 33418-5742

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JOHN CARTER  
9100 GREEN MEADOWS WAY  
PALM BEACH GARDENS FL 33418

4. FEI Number

59-2298523

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	OENBRINK, PAUL	
STREET ADDRESS	9215 GREEN MEADOWS WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GORSKI MICHELLE	
STREET ADDRESS	9145 GREEN MEADOWS WAY	
CITY-ST-ZIP	PALM BCH GDNS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARTER, JOHN	
STREET ADDRESS	9100 GREEN MEADOWS WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CREWS, DAVID	
STREET ADDRESS	9143 GREEN MEADOWS WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John Carter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2000 561-848-8922  
Date Daytime Phone #

FILED  
Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90296 050 \*\*\*\*61.25

801501



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)