

**2001 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2298523**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JOHN CARTER  
9100 GREEN MEADOWS WAY  
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name **Brian Reekers**

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

**9144 Green Meadows Way**City **Palm Beach Gardens FL** Zip Code **33418**

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 date 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 checked="" type="checkbox"/> Delete
NAME	OENBRINK, PAUL	
STREET ADDRESS	9215 GREEN MEADOWS WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GORSKI MICHELLE	
STREET ADDRESS	9145 GREEN MEADOWS WAY	
CITY-ST-ZIP	PALM BCH GDNS FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CARTER, JOHN	
STREET ADDRESS	9100 GREEN MEADOWS WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" 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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alyette M. Keldie	
STREET ADDRESS	9172 Green Meadows Way	
CITY-ST-ZIP	Palm Bch. Gardens FL 33418	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Crews	
STREET ADDRESS	9143 Green Meadows Way	
CITY-ST-ZIP	Palm Bch. Gdns. FL 33418	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ashley Amend	
STREET ADDRESS	9156 Green Meadows Way	
CITY-ST-ZIP	Palm Bch Gdns FL 33418	
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90448 044 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)