

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-11-2002 90672 036 ****61.25

DOCUMENT # 745245

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

REEKERS, BRIAN
 9144 GREEN MEADOWS WAY
 PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

John Justice

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

9142 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

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

John Justice, President D

DATE

4/3/02

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	KELDIE, ALYETTE M	
STREET ADDRESS	9172 GREN MEADOWS WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CREWS, DAVID	
STREET ADDRESS	9143 GREEN MEADOWS WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AMEND, ASHLEY, D	
STREET ADDRESS	9156 GREEN MEADOWS WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel E. Weaver, D	
STREET ADDRESS	9103 Green meadows Way	
CITY-ST-ZIP	PalmBch Gdns, FL 33418	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shelley Simon, D	
STREET ADDRESS	9142 Green meadows Way	
CITY-ST-ZIP	PalmBch 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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ashley Amend
 Ashley Amend, Treasurer

Date

4/3/02 (561) 848-7200
 (561) 630-3926

Daytime Phone #

CR2E037 (9/01)