


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90026 025 ****61.25

DOCUMENT # 745245	
1. Entity Name A PLACE IN THE WOODS PROPERTY OWNERS ASSOCIATIONINC.	

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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-2298523	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent GELINA, PHILIP 9116 GREENMEADOWS WAY WEST PALM BEACH FL 33418	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JUSTICE, JOHN <input checked="" type="checkbox"/> Delete 9142 GREENMEADOWS WAY WEST PALM BEACH FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VETTER, MARK <input checked="" type="checkbox"/> Delete 9243 GREENMEADOWS WAY WEST PALM BEACH FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDOWELL, KATHY <input checked="" type="checkbox"/> Delete 9240 GREENMEADOWS WAY WEST PALM BEACH FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD PETERS, KRISTINE <input checked="" type="checkbox"/> Delete 9241 GREENMEADOWS WAY WEST PALM BEACH FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PAUL GAUMER 9226 GREEN MEADOWS WAY PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SHELLY SIMON 9142 GREEN MEADOWS WAY PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NEIL STEIN 9229 GREEN MEADOWS WAY PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GLENN HATCHER 9173 GREEN MEADOWS WAY PALM BEACH GARDENS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

2-16-04 *339-2649*
Date Daytime Phone #