


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90002 012 ****61.25

DOCUMENT # N94000000518	
1. Entity Name VILLAGE ON THE GREENS AT WINSTON TRAILS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business C/O CAMPBELL PROPERTY MGMT 3918 VIA POINCIANA DR, STE 9 LAKE WORTH, FL 33467	Mailing Address C/O CAMPBELL PROPERTY MGMT 3918 VIA POINCIANA DR, STE 9 LAKE WORTH, FL 33467
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2. Principal Place of Business - No P.O. Box # c/o Wellington Management, Inc.	3. Mailing Address 3461-B Fairlane Farms Rd.
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01232007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Wellington FL	City & State FL
Zip 33414	Country USA

4. FEI Number 65-0025065	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRAMB, BRUCE R CAMPBELL PROP. MGMT 5980 WINSTON TRAILS BLVD. LAKE WORTH, FL 33463	
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7. Name and Address of New Registered Agent Name: Wellington Management, Inc. Street Address (P.O. Box Number is Not Acceptable): 3461-B Fairlane Farms Rd. City: Wellington FL Zip Code: 33414	
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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:  John Newsome 2/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POLSTON, JEREMY 6328 GRAND CYPRESS CIR LAKE WORTH, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bavosa, George 6259 Grand Cypress Cir Lake Worth, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLENIX, CECIL 6407 GRAND CYPRESS CIR LAKE WORTH, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Marchand, Jeff 6420 Grand Cypress Cir Lake Worth, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAFFERTY, DALE 6455 CROOKED STICK COURT LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTOS, DOMINGO 6164 GRAND CYPRESS CIR LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Santos, Domingo 6164 Grand Cypress Cir Lake Worth, FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANG, SHARON 6239 GRAND CYPRESS CIR LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lang, Sharon 6239 Grand Cypress Cir Lake Worth, FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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:  Domingo A. Santos 2/21/07 561-385-9102
Signature and typed or printed name of signing officer or director Date Daytime Phone #