

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N14552** (6)

1. Corporation Name

**APPLEWOOD VILLAGE II CONDOMINIUM ASSOCIATION, INC.**  
**C.**



Principal Place of Business

Mailing Address

6289 W. SUNRISE BLVD., SUITE 202  
PLANTATION FL 33313

6289 W. SUNRISE BLVD., SUITE 202  
PLANTATION FL 33313

3. Date Incorporated or Qualified

**04/23/1986**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2734868**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUMMIT PROPERTY MANAGEMENT, INC.**  
**6289 W. SUNRISE BLVD.**  
**SUNRISE FL 33313**

81 Name

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

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<del>PD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>FELDER, MARTIN</del>	
STREET ADDRESS	<del>2818 CARAMBOLA CIR. S.</del>	
CITY-ST-ZIP	<del>COCONUT CREEK FL</del>	
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>CHRISTIANSEN, GENE</del>	
STREET ADDRESS	<del>2766 CARAMBOLA CIR. S.</del>	
CITY-ST-ZIP	<del>COCONUT CREEK FL</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>SCHOENFELD, HARRY</del>	
STREET ADDRESS	<del>2768 CARAMBOLA CIR. S.</del>	
CITY-ST-ZIP	<del>COCONUT CREEK FL</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>ELLIS, NORTON</del>	
STREET ADDRESS	<del>2766 CARAMBOLA CIR. S.</del>	
CITY-ST-ZIP	<del>COCONUT CREEK FL</del>	
TITLE	<del>TD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>WEINBERG, IRWIN</del>	
STREET ADDRESS	<del>2850 CARAMBOLA CIR. S.</del>	
CITY-ST-ZIP	<del>COCONUT CREEK FL</del>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOLD, DAVID	
STREET ADDRESS	2831 CARAMBOLA CIRCLE SOUTH	
CITY-ST-ZIP	COCONUT CREEK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Leo Marsh</b>
1.3 STREET ADDRESS	<b>2168 Carambola Circle S.</b>
1.4 CITY-ST-ZIP	<b>Coconut Cr., FL 33066</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Victor Miandara</b>
2.3 STREET ADDRESS	<b>2168 Carambola Circle S.</b>
2.4 CITY-ST-ZIP	<b>Coconut Creek, FL 33066</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Henry Steiner</b>
3.3 STREET ADDRESS	<b>2168 Carambola Circle S.</b>
3.4 CITY-ST-ZIP	<b>Coconut Cr., FL 33066</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Raphael Share</b>
4.3 STREET ADDRESS	<b>2168 Carambola Circle S.</b>
4.4 CITY-ST-ZIP	<b>Coconut Cr., FL</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Joseph Kay</b>
5.3 STREET ADDRESS	<b>2168 Carambola Circle S.</b>
5.4 CITY-ST-ZIP	<b>Coconut Cr., FL</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)