

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14552

1. Entity Name

APPLEWOOD VILLAGE II CONDOMINIUM ASSOCIATION, IN

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90011 024 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O CASTLE GROUP
P O BOX 189013
PLANTATION FL 33318
US

C/O CASTLE GROUP
P O BOX 189013
PLANTATION FL 33318-9013
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2734868

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CASTLE PROPERTY SERVICES GROUP INC~~
4450 W SUNRISE BLVD
SUITE C-100
PLANTATION FL 33313

Name *Castle Management, Inc.*

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.

SIGNATURE

Eric H. Sanguinetti

Eric H. Sanguinetti, V.P. Admin.

1/26/00

Signature, typed or printed name of registered agent and title 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MARSH, LEO
STREET ADDRESS 2768 CARAMBOLA CIRCEL S
CITY-ST-ZIP COCONUT CREEK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME CUNIGLIO, JOANN
STREET ADDRESS 2854 CARAMBOLA CIR S
CITY-ST-ZIP COCONUT CREEK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME STEINER, HENRY
STREET ADDRESS 2768 CARAMBOLA CIR. S.
CITY-ST-ZIP COCONUT CREEK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME SHARE, RAPHAEL
STREET ADDRESS 2766 CARAMBOLA CIR S.
CITY-ST-ZIP COCONUT CREEK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ATD
NAME BERG, SIDNEY
STREET ADDRESS 2766 CARAMBOLA CIR S
CITY-ST-ZIP COCONUT CREEK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME WICHTER, MICHAEL
STREET ADDRESS 2766 CARAMBOLA CIRCLE S
CITY-ST-ZIP COCONUT CREEK FL 33066 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Leo Marsh* **REQUIRED** *Leo Marsh, President* *1/26/00* *954-792-6000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)