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Jan 28 1998 8:00am  
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19037** (3)

1. Corporation Name

**APPLEWOOD VILLAGE III CONDOMINIUM ASSOCIATION, I  
NC.**

Principal Place of Business

Mailing Address

~~C/O SUMMIT PROPERTY MGMT., INC.~~  
P.O. BOX 189103  
PLANTATION FL 33318  
US

~~C/O SUMMIT PROPERTY MGMT., INC.~~  
P.O. BOX 189013  
PLANTATION FL 33318  
US

3. Date Incorporated or Qualified

**02/02/1987**

4. FEI Number

**59-2779158**

Applied For

Not Applicable

2. Principal Place of Business

**21 c/o Castle Group**

Suite, Apt. #, etc.

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26 c/o Castle Group**

Suite, Apt. #, etc.

City & State

**27**

Zip

**28**

Country

**29**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30, ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SUMMIT PROPERTY MGMT., INC.~~  
**4450 W. SUNRISE BLVD.  
SUITE C-100  
PLANTATION FL 33313**

81 Name

**Castle Property Services Group, Inc.**

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

83

84 City

**FL**

85 Zip Code

**33313**

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 *Gail H. Sangunett*

**Gail H. Sangunett, V.P. - Administration**

**1/6/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **SOHN, LENORE**  
STREET ADDRESS **4710 CARAMBOLA CR. N.**  
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **SD** ☒ DELETE  
NAME **SWARTZ, ROBERT**  
STREET ADDRESS **4628 CARAMBOLA CIRCLE N**  
CITY-ST-ZIP **COCONUT CK FL**

TITLE **VD** ☐ DELETE  
NAME **BERMAN, GILBERT**  
STREET ADDRESS **4716 CARAMBOLA CIRCLE N**  
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **PD** ☐ DELETE  
NAME **BLATT, JERRY**  
STREET ADDRESS **4669 CARAMBOLA CIRCLE N**  
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE **D** ☐ DELETE  
NAME **SEELIN, MONTY**  
STREET ADDRESS **4715 CARAMBOLA CIRCLE N.**  
CITY-ST-ZIP **COCONUT CK FL**

TITLE **TD** ☐ DELETE  
NAME **MANDELKER, ROSLYN**  
STREET ADDRESS **4964 CARAMBOLA CIR N.**  
CITY-ST-ZIP **COCONUT CREEK FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition  
**SD** ☐ Change ☒ Addition  
**Winikoff, Pearl**  
**4635 Carambola Circle No.**  
**Coconut Creek, FL**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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: *Jerry Blatt*

*Jerry Blatt*

**Jerry Blatt, President**

**1/6/98 (954) 792-6000**

CR2E037 (10/97)