

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19037

1. Entity Name

APPLEWOOD VILLAGE III CONDOMINIUM ASSOCIATION, I

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90058 020 ****61.25

Principal Place of Business

C/O CASTLE GROUP
P.O. BOX 189103
PLANTATION FL 33318
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2779158

Applied For

Not Applicable

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 MANAGEMENT INC.
4450 W. SUNRISE BLVD.
SUITE C-100
PLANTATION FL 33313

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.

SIGNATURE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	WESNER, PAULA	4665 CARAMBOLA CR N	COCONUT CREEK FL	<input type="checkbox"/>
SD	WINIKOFF, PEARL	4635 CARAMBOLA CIR NO	COCONUT CK FL	<input type="checkbox"/>
VD	BERMAN, GILBERT	4716 CARAMBOLA CIRCLE N	COCONUT CREEK FL	<input type="checkbox"/>
PD	BLATT, JERRY	4669 CARAMBOLA CIRCLE N	COCONUT CREEK FL	<input checked="" type="checkbox"/>
D	SEELIN, MONTY	4715 CARAMBOLA CIRCLE N.	COCONUT CK FL	<input type="checkbox"/>
TD	MANDELKER, ROSLYN	4964 CARAMBOLA CIR N.	COCONUT CREEK FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Paula Wesner* REQUIR Paula Wesner, President 1/8/01 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)