

Applewood Village I

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90104 041 \*\*\*\*61.25

<b>DOCUMENT # N19037</b> 1. Entity Name APPLEWOOD VILLAGE III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CARAMBOLA CIRCLE NORTH COCONUT CREEK, FL 33066 US			Mailing Address C/O CASTLE GROUP P.O. BOX 189013 PLANTATION, FL 33318 US		
2. Principal Place of Business		3. Mailing Address C/O CASTLE GROUP			
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. BOX 559009			
City & State		City & State FT. LAUDERDALE, FL		4. FEI Number 59-2779158	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33355-9009		Country		03082005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  MARTIN, ROBERT C ESQ MARTIN & BENNIS, P.A. 319 SOUTHEAST 14TH ST FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WINIKOFF, PEARL 4635 CARAMBOLA CIR NO COCONUT CK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLATT, JERRY 4669 CARAMBOLA CIRCLE N COCONUT CREEK, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERMAN, GILBERT 4716 CARAMBOLA CR. N. COCONUT CREEK, FL 33066	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GARFINKEL, JOEL 4668 CARAMBOLA CR. N. COCONUT CREEK, FL 33066	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOBSEN, STEVE 4755 CARAMBOLA CIRCLE NORTH COCONUT CREEK, FL 33066	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WOLF, EMIL 4673 CARAMBOLA CR N POMPANO BEACH, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANTONOFF, DEBORAH 4746 CARAMBOLA CIRCLE N. COCONUT CREEK, FL 33066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOROTRA, THOMAS 4663 CARAMBOLA CIRCLE NO. COCONUT CREEK, FL 33066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Jerry Blatt</u>		Date: <u>4-26-05</u> Daytime Phone #: <u>954-979-9396</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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