


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90023 027 ****61.25

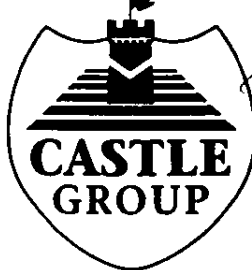
DOCUMENT # N19037 1. Entity Name APPLEWOOD VILLAGE III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CARAMBOLA CIRCLE NORTH COCONUT CREEK, FL 33066 US				Mailing Address C/O CASTLE GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 33355-9009 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2779158	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROGER, RANDALL K ESQ ONE PARK PLACE, 621 NW 53RD ST, SUITE 300 BOCA RATON, FL 33487			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. 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>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS <input checked="" type="checkbox"/>			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input checked="" type="checkbox"/>		
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	TORTORA, THOMAS 4663 CARAMBOLA CIRCLE N COCONUT CREEK, FL 33066 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, GILBERT 4716 CARAMBOLA CIRCLE N COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTONOFF, DEBORAH 4746 CARAMBOLA CIRCLE N COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLF, EMIL 4673 CARAMBOLA CIRCLE NORTH COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Emil M Wolf, Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>May 3, 2006</u> Daytime Phone # <u>954 972-9835</u>		

40092648



04132006 Chg-NP CR2E037 (11/05)

ATTACHMENT



40092648

N19037

CHECK REQUEST

Date: April 12, 2006 **Amount:** \$ 61.25

Association: A3 Applewood Village III Condominium Association, Inc.

Payable to: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P.O. BOX 6850
TALLAHASSEE, FL 32314

Explanation: 2006 Not-For-Profit Corporation Annual Report

Requested by: K. Grummer on behalf of property manager: Angela Madiedo

Approved By: _____ **Account #** _____

Date Required: As soon as possible – Filing due by May 1, 2006

Document Number (State): N19037

**DO NOT DUPLICATE CHECK REQUEST. IF YOU HAVE WRITTEN
A CHECK FOR THIS ASSOCIATION FOR THE 2006
FILING, PLEASE RETURN THIS FORM TO
K. GRUMMER WITH CHECK NUMBER AND DATE**

Thank you.