

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90067 001 \*\*\*\*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**

**40053750**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**C/O TRANSCONTINENTAL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1323 LYONS RD**

City & State

City & State

**COCONUT CREEK**

Zip

Country

Zip

Country

**33063**

04032007

Chg-NP

CR2E037 (12/06)

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TORTORA, THOMAS  
4663 CARAMBOLA CIR N  
POMPAHO BEACH, FL 33066** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Oltchick-Wolf, Lori  
4673 Carambola Circle North  
Coconut Creek, Florida 33066** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Paula Wesner  
4669 Carambola Circle North  
Coconut Creek, Florida 33066** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BERMAN, GILBERT  
4716 CARAMBOLA CIRCLE N  
COCONUT CREEK, FL 33066** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
GARFINKEL, JOEL  
4668 CARAMBOLA CR. N.  
COCONUT CREEK, FL 33066** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ANTONOFF, DEBORAH  
4746 CARAMBOLA CIRCLE N  
COCONUT CREEK, FL 33066** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
WOLF, EMIL  
4673 CARAMBOLA CIRCLE NORTH  
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #