2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# N19037

Entity Name: APPLEWOOD VILLAGE III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CARAMBOLA CIRCLE NORTH
COCONUT CREEK, FL 33066 US

New Principal Place of Business:

Current Mailing Address:

C/O TRANSCONTINENTAL
1323 LYONS RD
COCONUT CREEK, FL 33063 US

New Mailing Address:

FEI Number: 59-2779158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROGER, RANDALL K ESQ
ONE PARK PLACE, 621 NW 53RD ST, SUITE 300
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: ______________________________
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	TORTORA, THOMAS	
Address:	4663 CARAMBOLA CIR N	
City-St-Zip:	POMPANO BEACH, FL 33066	
Title:	S	( ) Delete
Name:	WOLF, LORI	
Address:	4673 CARAMBOLA CIR N	
City-St-Zip:	COCONUT CREEK, FL 33066	
Title:	PD	( ) Delete
Name:	GARFINKEL, JOEL	
Address:	4668 CARAMBOLA CR. N.	
City-St-Zip:	COCONUT CREEK, FL 33066	
Title:	D	( ) Delete
Name:	WESNER, PAULA	
Address:	4665 COMBOLA CIRCLE NORTH	
City-St-Zip:	COCONUT CREEK, FL 33066	
Title:	TVP	( ) Delete
Name:	WOLF, EMIL	
Address:	4673 CARAMBOLA CIRCLE NORTH	
City-St-Zip:	COCONUT CREEK, FL 33066	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL GARFINKEL PD 05/07/2009
Electronic Signature of Signing Officer or Director — Date