

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90331 028 ****61.25

DOCUMENT # N19037

1. Entity Name

**APPLEWOOD VILLAGE III CONDOMINIUM ASSOCIATION, I
NC.**



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**

10013721



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

☐ CHECK HERE IF MAKING CHANGES

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. 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

FILE NOW: FEE IS \$61.25

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 **SD** ☐ Delete
NAME **WINIKOFF, PEARL**
STREET ADDRESS **4635 CARAMBOLA CIR NO**
CITY-ST-ZIP **COCONUT CK FL**

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

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

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

TITLE **VD** ☐ Delete
NAME **BERMAN, GILBERT**
STREET ADDRESS **4716 CARAMBOTA CR. N.**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

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

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

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TORTORA, THOMAS**
STREET ADDRESS **4663 CARAMBOLA CR. N.**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **WOLF, EMIL**
STREET ADDRESS **2673 CARAMBOLA CR. N.**
CITY-ST-ZIP **COCONUT CREEK, FL 33066**

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:

REQUIRED *Jerry Blatt, President* 1/10/03 (954) 792-6000

CR2E037 (10/02)