

FILE NOW: FILING FEE IS \$61.25 -

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21577**
1. Corporation Name

Applewood Village IV Condominium Assoc., Inc.
1280 S.W. 36 Avenue, Suite 301
Pompano Beach, FL 33069

Principal Place of Business Mailing Address

1280 SW. 36 Ave. #301
Pompano Beach, FL 33069

3. Date Incorporated or Qualified **7/15/87** 3a. Date of Last Report **1995**

2. Principal Place of Business 21 **1280 SW 36 Ave #301** 2a. Mailing Address 26 **1280 SW 36 Ave #301**

4. FEI Number **65-0035400** Applied For Not Applicable

Suite, Apt #, etc 22 Suite, Apt #, etc 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State 23 **Pompano Beach, FL** 28 **Pompano Beach, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip 24 **33069** Country 25 Country 29 **33069** 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **Bernard R. Desberg**
82 Street Address (P.O. Box Number is Not Acceptable) **1280 SW 36 Ave., #301**
83 **Pompano Beach, FL 33069**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am entering into, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Bernard Desberg* (NOTE Registered Agent's signature required when re-stating) DATE **4/11/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President <input type="checkbox"/> DELETE
NAME	Desberg, Bernard R.
STREET ADDRESS	1280 SW 36 Ave #301
CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	VP <input type="checkbox"/> DELETE
NAME	Ethel Zebitz
STREET ADDRESS	1280 SW 36 Ave #301
CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	S <input type="checkbox"/> DELETE
NAME	Pearl Sorokin
STREET ADDRESS	1280 SW 36 Ave #301
CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	T <input type="checkbox"/> DELETE
NAME	Julie Schoenfeld
STREET ADDRESS	1280 SW 36 Ave #301
CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	D <input type="checkbox"/> DELETE
NAME	Altman, Fred
STREET ADDRESS	1280 SW 36 Ave #301
CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	D <input type="checkbox"/> DELETE
NAME	Bennett, Gerald
STREET ADDRESS	1280 SW 36 Ave #301
CITY-ST-ZIP	Pompano Beach, FL 33069

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	900001786579
6.2 NAME	-04/19/96--01012--023
6.3 STREET ADDRESS	***61.25
6.4 CITY-ST-ZIP	7/4.18

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Bernard Desberg* **BERNARD DESBERG** 4/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)