

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90081 023 \*\*\*\*61.25

**DOCUMENT # N21577**

1. Entity Name  
**APPLEWOOD VILLAGE IV CONDOMINIUM ASSOCIATION, IN C.**

Principal Place of Business CASTLE MGMT. INC. BOX 189013 PLANTATION FL 33318	Mailing Address C/O CASTLE MGMT. INC. P O BOX 189013 PLANTATION FL 33318
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number <b>65-0035400</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PRESS, ELEANOR**  
~~1280 SW 30 AVE., #301~~  
**POMPANO BCH. FL 33069**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**289B CARAMBOLA CIRCLE SOUTH**  
 City **Coconut Creek** FL Zip Code **33066**

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.  
 SIGNATURE Eleanor Press Eleanor Press, President 1-21-02  
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 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROOK, LOUIS</b> <b>2907 CARAMBOTA CR. SOUTH</b> <b>COCONUT CREEK FL 33066</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PRESS, ELEANOR</b> <b>2898 CARAMBOTA CR.SOUTH</b> <b>COCONUT CREEK FL 33066</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BENNETT, CONSTANCE</b> <b>2869 CARAMBOLA CIR S.</b> <b>COCONUT CREEK FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SCHOENFELD, JULIE</b> <b>2877 CARAMBOTA CR.SOUTH</b> <b>COCONUT CREEK FL 33066</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>KARMEL, HAROLD</b> <b>2877 CARAMBOTA CR.SOUTH</b> <b>COCONUT CREEK FL 33066</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ZEBITZ, ETHEL</b> <b>2951 CARAMBOLA CR.SOUTH</b> <b>COCONUT CREEK FL 33066</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Eleanor Press Eleanor Press, President 1-17-02 (954) 792-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)