

Applewood Village I'

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

05-04-2005 90104 037 ****61.25

DOCUMENT # N21577
1. Entity Name
APPLEWOOD VILLAGE IV CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2906 CARAMBOLA CIR. S.
COCONUT CREEK, FL 33066
Mailing Address
C/O CASTLE MGMT. INC.
P O BOX 189013
PLANTATION, FL 33318

14016204



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
C/O CASTLE GROUP
Suite, Apt. #, etc.
P.O. BOX 559009
City & State
FT. LAUDERDALE, FL
Zip
Country

03082005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0035400
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PRESS, ELEANOR
2898 CARAMBOLA CIRCLE SOUTH
COCONUT CREEK, FL 33066

7. Name and Address of New Registered Agent
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, 2005

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

Make check payable to Florida Department of State

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include Brook, Louis; Press, Eleanor; Bennett, Constance; Schoenfeld, Julie; Karmel, Harold; Zebitz, Ethel.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include Jaffee, Sylvia; 2VPD; 1VPD.

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: [Signature] Date: 4-26-05 Daytime Phone #: 954-972-3838