


FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90287 014 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 33355		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 65-0035400				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRESS, ELEANOR 2898 CARAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066			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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOK, LOUIS		NAME	WALD, SEYMOUR	
STREET ADDRESS	2907 CARAMBOTA CR. SOUTH		STREET ADDRESS	2929 CARAMBOLA CIRCLE S	
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESS, ELEANOR		NAME		
STREET ADDRESS	2898 CARAMBOTA CR.SOUTH		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, CONSTANCE		NAME	JAFFEE, SYLVIA	
STREET ADDRESS	2869 CARAMBOLA CIR S.		STREET ADDRESS	2907 CARAMBOLA CIRCLE S	
CITY-ST-ZIP	COCONUT CREEK, FL		CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENFELD, JULIE		NAME		
STREET ADDRESS	2877 CARAMBOTA CR.SOUTH		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP		
TITLE	2VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARMEL, HAROLD		NAME		
STREET ADDRESS	2877 CARAMBOTA CR.SOUTH		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP		
TITLE	1VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEBITZ, ETHEL		NAME	AXELROD, JERRY	
STREET ADDRESS	2951 CARAMBOLA CR.SOUTH		STREET ADDRESS	2908 CARAMBOLA CIRCLE S	
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP	COCONUT CREEK, FL 33066	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Eleanora Press</i>				Date: <i>5-4-06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	

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04132006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0035400 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make check payable to Florida Department of State

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SIGNATURE: *Eleanora Press* Date: *5-4-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #