## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT # N21577**



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT				FILED Apr 09, 2007 8:00 am Secretary of State			
DOCUMENT # N21577  1. Entity Name APPLEWOOD VILLAGE IV CONDOMINIUM ASSOCIATION, INC.						067 002 ****6	
2906 CARAM	e of Business IBOLA CIR. S. EEK, FL 33066	Mailing Address C/O CASTLE GROUP P.O. BOX 559009 FORT LAUDERDALE, FL	-33355		)53,749 	1 <b>8 1811 8 1811 8 1811 8</b> 1811 8 18	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address  S/o TRANSCONT	TINENTAL				
Suite, Apt.	#, etc.	Suite, Apt. #, etc. /323 LYON		04032007 Ch	ng-NP C	R2E037 (12/06)	
City & Stat	е	City & State  COCONUT (REE		4. FEI Number 65-003540	0		plied For ot Applicable
Zip	Country	<sup>Zip</sup> 33063	Country	5. Certificate of St	atus Desired (	\$8.75 Ad	ditional
	6. Name and Address of Current R		Name	7. Name and Add	ress of New Regis		-
	LEANOR AMBOLA CIRCLE SOUTH T CREEK, FL 33066			s (P.O. Box Number is f	Not Acceptable)	18 may 12 de 1971 de 1	
			City			Zip Coo	de
	named entity submits this statement for tions of registered agent.	the purpose of changing its		stered agent, or both, in	the State of Florida	FL	, and accept
	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE:	registered office or regis	sired when reinstating)	Make	DATE	to
the obligat	Signature, typed or printed name of registered agent an	nd tide if applicable. (NOTE  9. Election Cam  Trust Fund C	registered office or regis	\$5.00 May Be Added to Fees	Make Florida	DATE  check payable to Department of S	to State
the obligat	Signature, typed or printed name of registered agent an  Filling Fee Is \$61.25  Due by May 1, 2007  OFFICERS AND DIRE  D  BROOK, LOUIS  2907 CARAMBOTA CR. SOUTH	nd tide if applicable. (NOTE  9. Election Cam  Trust Fund C	registered office or regis Registered Agent signature requipagin Financing ontribution.  11. Iffile NAME STREET ADDRESS	sired when reinstating)	Make Florida	DATE  check payable to Department of S	to State
THE OBLIGATION TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent and Filling Fee Is \$61.25  Due by May 1, 2007  OFFICERS AND DIRE  D BROOK, LOUIS 2907 CARAMBOTA CR. SOUTH COCONUT CREEK, FL 33066  PD PRESS, ELEANOR 2898 CARAMBOTA CR.SOUTH	9. Election Cam Trust Fund C	registered office or regis  Registered Agent signature requipaging Financing ontribution.  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Florida	DATE  check payable Department of S	to State
THE OBLIGATION TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent and Filling Fee Is \$61.25  Due by May 1, 2007  OFFICERS AND DIRE  D BROOK, LOUIS 2907 CARAMBOTA CR. SOUTH COCONUT CREEK, FL 33066  PD PRESS, ELEANOR 2898 CARAMBOTA CR.SOUTH COCONUT CREEK, FL 33066  SD JAFFEE, SYLVIA 2907 CARAMBOLA CIR SOUTH	9. Election Cam Trust Fund C	registered office or regis  Registered Agent signature requipeling Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	Make Florida	DATE  check payable pepartment of S  AND DIRECTORS IN	to State N 10
THE OBLIGATION TO THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent and printed name of registered agent and printed page of the state of	9. Election Cam Trust Fund C	Registered office or regis Registered Agent signature requirements of the property of the prop	\$5.00 May Be Added to Fees	Make Florida	DATE  check payable Department of S  AND DIRECTORS II	to State N 10 Addition Addition
THE OBLIGATION TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME NAME	Signature, typed or printed name of registered agent and printed name of registered agent and printed page of the second printed name of registered agent and printed page of the second	9. Election Cam Trust Fund C  ECTORS  Delete  Delete	registered office or regis  Registered Agent signature requipeling Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5.00 May Be Added to Fees	Make Florida	DATE  check payable of SAND DIRECTORS is  Change	to State N 10 Addition Addition

SIGNATURE: \_