

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90059 016 \*\*\*\*61.25

**DOCUMENT # 758376**

1. Entity Name  
**APPLEGATE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
5995 BANNOCK TERR  
BOYNTON BEACH, FL 33437-8447

Mailing Address  
5995 BANNOCK TERR  
BOYNTON BEACH, FL 33437-8447

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2089653

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'CONNELL, EDWARD  
CRYSTAL COMMUNITY MGMT INC.  
5995 BANNOCK TERRACE  
BOYNTON BCH., FL 33437

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KAMSLER, NETTIE  
11090 APPLGATE LANE  
BOYNTON BEACH, FL 33437 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Rosenfeld, Jay  
11092 Applegate Lane  
Boynton Beach, FL 33437 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
KLAYMAN, RICHARD  
11079 APPLGATE LANE  
BOYNTON BEACH, FL 33437 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Newman, Robert  
11070 Applegate Dircle  
Boynton Beach, FL 33437 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DE VRIES, PHYLLIS  
11182 APPLGATE CIRCLE  
BOYNTON BEACH, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D,T  
DeVries, Phyllis  
11182 Applegate Circle  
Boynton Beach, FL 33437 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SPENCE, DAVID  
11087 APPLGATE LANE  
BOYNTON BEACH, FL 33437 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
DUYK, MARTIN  
11170 APPLGATE CIR  
BOYNTON BEACH, FL 33437 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
KLEIN, FRED  
11091 APPLGATE LANE  
BOYNTON BEACH, FL 33437 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/2008 5613758367