2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758376

1. Entity Name

APPLEGATE HOMEOWNERS ASSOCIATION, INC.

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5995 BANNO	ce of Business IX TERR ACH FL 33437-8447	Mailing Address 5995 BANNOCK TERR BOYNTON BEACH FL 334374	3447		1 (4 1)() 100 01 0 77(RI NAMA MEMBANA RIM ANGMERA	14 0 10\$1 01011 010	((A. 18 (1831) (A.B.)
2. Principal I	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4	4. FEI Number 59-2089653 Applied For Not Applicable			
Zip	Country	Zip	Country	5	. Certificate of Sta		\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7.	. Name and Addre	ess of New Registered A	· '	
			Name	***		<u></u>	-9	
BARTLET	T .IOF							
	L COMMUNITY MGMT INC.		Street Ac	ldress (P.O.	P.O. Box Number is Not Acceptable)			
	NNOCK TERRACE							
	N BCH. FL 33437		City			FL	Zip Cod	e
FILE NUM: FEE (5 AD L.25			aign Financing		n reinstating) 5.00 May Be	DATE	c Payable	to
		Trust Fund Cor	ntribution. L		ded to Fees	Florida Depart	tment of 9	
10				⊥ Ad		-		State
	OFFICERS AND DI	RECTORS	11.	ADD ADD	DITIONS/CHANGES	S TO OFFICERS AND DIF	RECTORS IN	State
TITLE	OFFICERS AND DI		11.	ADD Vice	DITIONS/CHANGE: Preside:	S TO OFFICERS AND DIF		State
	OFFICERS AND DI	RECTORS	11.	ADD Vice Nett	Preside:	s to officers and dif nt er	RECTORS IN	State
TITLE NAME	OFFICERS AND DI	RECTORS	11. TITLE NAME	ADD Vice Nett	Preside:	s to officers and dif nt er	RECTORS IN	State
TITLE NAME STREET AODRESS	OFFICERS AND DI VD AMSTER, HOWARD 11106 APPLEGATE CIRCLE	RECTORS Delete	11. TITLE NAME STREET ADDRESS	ADD Vice Nett 1109 Boyn	Preside Preside ie Kamsl Ocappleg ton Bach	S TO OFFICERS AND DIF	RECTORS IN	State
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI VD AMSTER, HOWARD 11106 APPLEGATE CIRCLE BONTON BEACH FL	RECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Nett 1:1:09 Boyn Dire	Preside Preside ie Kamslo Ocappleg ton Bach	s to officers AND DIF nt er ate Lane , F1 33437	RECTORS IN	State
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

KAMSLER, NETTIE

11090 APPLEGATE LANE

BOYNTON BEACH FL

SIGNATURE RECEIPED

Prea 3-28-03

CHZE037 (10/02

FILED

Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90180 003 ****61.25