

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728610

**Entity Name:** APPLE CREEK UNIT TWO, INC.

**Current Principal Place of Business:**

APPLE CREEK RECREATION CENTER  
7301 W SUNRISE BLVD  
PLANTATION, FL 33313

**Current Mailing Address:**

APPLE CREEK RECREATION CENTER  
7301 W SUNRISE BLVD  
PLANTATION, FL 33313 US

**FEI Number:** 59-1698257

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAXIMUM MANAGEMENT  
7301 W SUNRISE BLVD  
PLANTATION, FL 33313 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DS  
Name FRANCIS, LESA GAY  
Address APPLE CREEK RECREATION  
CENTER  
7301 W SUNRISE BLVD  
City-State-Zip: PLANTATION FL 33313

Title DP  
Name LEE, KIM  
Address 7301 W. SUNRISE BLVD.  
City-State-Zip: PLANTATION FL 33313

Title DT  
Name CHOKSI, SHEFALI  
Address 7301 W SUNRISE BLVD  
City-State-Zip: PLANTATION FL 33313

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** KIM LEE

**PRESIDENT**

**06/11/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date