

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758376

Entity Name: APPLGATE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**902 CLINT MOORE RD. SUITE#110
BOCA RATON, FL 33487**Current Mailing Address:**902 CLINT MOORE RD. SUITE#110
BOCA RATON, FL 33487**FEI Number:** 59-2089653**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHNER, LARRY
350 CAMINO GARDENS BLVD.
SUITE # 202
BOCARATON, FL 33432 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 PRES
Name KLEIN, FRED
Address 902 CLINT MOORE RD. SUITE#110
City-State-Zip: BOCA RATON FL 33487

Title VP
Name ROSENFELD, JAY
Address 902 CLINT MOORE RD. SUITE#110
City-State-Zip: BOCA RATON FL 33487

Title TREA
Name ROSENFELD, ELLIOT
Address 902 CLINT MOORE RD. SUITE#110
City-State-Zip: BOCA RATON FL 33487

Title SEC
Name SEIGEL, JOYCE
Address 902 CLINT MOORE RD. SUITE#110
City-State-Zip: BOCA RATON FL 33487

Title DIR
Name JOHNSTON, SCOTT
Address 902 CLINT MOORE RD. SUITE#110
City-State-Zip: BOCA RATON FL 33487

Title DIR
Name GOLDMAN, GILBERT
Address 902 CLINT MOORE RD. SUITE#110
City-State-Zip: BOCA RATON FL 33487

Title DIR
Name ROTHMAN, GAIL
Address 902 CLINT MOORE RD. #110
City-State-Zip: BOCA RATON FL 33487

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: FRED KLEIN

PRES

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date