

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758376

Entity Name: APPLGATE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O INDIAN SPRING MASTER ASSOCIATION
5995 BANNOCK TERRACE
BOYNTON BEACH, FL 33437

Current Mailing Address:

C/O INDIAN SPRING MASTER ASSOCIATION
5995 BANNOCK TERRACE
BOYNTON BEACH, FL 33437 US

FEI Number: 59-2089653**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

SCHNER, LARRY
SACHS SAX CAPLAN, P.L.
6111 BROKEN SOUND PARKWAY NW SUITE200
BOCA RATON, FL 33487 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: SCHNER, LARRY

03/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name NUCIFORA, CAROL
Address C/O INDIAN SPRING MASTER
 ASSOCIATION
 5995 BANNOCK TERRACE
City-State-Zip: BOYNTON BEACH FL 33437

Title VICE PRESIDENT
Name JOHNSTON, SCOTT
Address C/O INDIAN SPRING MASTER
 ASSOCIATION
 5995 BANNOCK TERRACE
City-State-Zip: BOYNTON BEACH FL 33437

Title TREASURER
Name ROSENFELD, ELLIOT
Address C/O INDIAN SPRING MASTER
 ASSOCIATION
 5995 BANNOCK TERRACE
City-State-Zip: BOYNTON BEACH FL 33437

Title SECRETARY
Name KLEIN, JANET
Address C/O INDIAN SPRING MASTER
 ASSOCIATION
 5995 BANNOCK TERRACE
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR
Name ROTHMAN, GAIL
Address C/O INDIAN SPRING MASTER
 ASSOCIATION
 5995 BANNOCK TERRACE
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR
Name KANE, TERRY
Address C/O INDIAN SPRING MASTER
 ASSOCIATION
 5995 BANNOCK TERRACE
City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR
Name ZARR, RICH
Address C/O INDIAN SPRING MASTER
 ASSOCIATION
 5995 BANNOCK TERRACE
City-State-Zip: BOYNTON BEACH FL 33437

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: CAROL NUCIFORA

PRESIDENT

03/04/2024

