FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727749 (4)

1. Corporation Name

APPLE CREEK UNIT ONE, INC.

Principal Place of Business	Mailing Address
C/O JEAN FARRUGGIO 7223 W SUNRISE BLVD B2 PLANTATION FL 33313 US	MAXIMUM MGMT ~~C/O PRESTIGE PROP MGMT~~ ~~3300 SW 46TH AVE~~ 7301 W. SUNRISE BLVD ~~DAVIE FL 33314~~ PLANTATION, FL 33313 US

3. Date Incorporated or Qualified: 10/11/1973
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 65-0145282 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FARRUGGIO, JEAN
7223 W SUNRISE BLVD B2
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	☐ DELETE
NAME	POWERS, PATRICIA	
STREET ADDRESS	7223 W SUNRISE BLVD.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	☐ DELETE
NAME	FARRUGGIO, J	
STREET ADDRESS	7223 W SUNRISE BLVD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	☒ DELETE
NAME	BONGIOVANNI, PAT	
STREET ADDRESS	7245 W SUNRISE BV	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	☐ DELETE
NAME	TOWNSEND, HAL	
STREET ADDRESS	7243 W SUNRISE BLVD.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	☐ DELETE
NAME	SMITH, VERONICA	
STREET ADDRESS	7251 W SUNRISE BLVD	
CITY-ST-ZIP	PLANTATION FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Powers PATRICIA POWERS 3-28-96 5842348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)