FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

727749

(4)

APPLE CREEK UNIT ONE, INC.

Principal Place of Business Mailing Address					4 IRBINI IRBIN MAND MANN MENI MENI DIRIK BIRIK BIRIK DIRIK BIRIK DIRIK DIRIK DIRIK DIRIK DIRIK DIRIK DIRIK DIRIK	
7301 W. SUNR	ISE BLVD	7301 W. SUNRISE BLVD.	7301 W. SUNRISE BLVD.			3. Date Incorporated or Qualified
PLANTATION FL 33313		PLANTATION FL 33313				10/11/1973
US		US	U\$			4. FEI Number Applied For
						65-0145282 Not Applicat
2. Principal Place of Business 2a. Mailing Address						5. Certificate of Status Desired S8.75 Additional
21	·	26	<u> </u>			Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	├ ──			6. Election Campaign Financing \$5.00 May Be
22		27	<u> </u>			Trust Fund Contribution Added to Fees
City & Stat	l o	City & State	 			7. Is this nonprofit corporation a homeowners association?
Zip	Country	28	Zip Cour			8. This corporation owes or has paid the current year Intangible
	25		30			Personal Property Tax due June 30. Yes No
		nt Registered Agent	<u></u>			10. Name and Address of New Registered Agent
				81	Name	
SMITH, VERONICA 82 Street Address (P.O. Bo				dress (P.O. Box Number Is Not Acceptable)		
7251 W SUNRISE BLVD						
PLANTA'	TION FL 33313		ļ	83	-	
			}	84	City	85 Zip Code
					•	F <u>L</u>
11. Pursuant office or r	to the provisions of Sections 617.05 registered agent, or both, in the State	02 and 617.1508, Florida Statute: e of Florida. Such change was au	s, the at ithorized	ove d by	-named cor the corpora	rporation submits this statement for the purpose of changing its registere ation'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 .						
12.	Signature, typed or printed name of registered ag	ND DIRECTORS (NOTE:	Hegistered	Ager	il signatura requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 70	I.F		Change Addition
NAME	POWERS, PATRICIA		1.2 NA		1	
700112	TAGE W SUNRISE BLVD.				NODRESS	
CITY-ST-ZIP	PLANTATION FL		1.4 00	_		
TITLE	DV	DELETE	2.1 111	_		☐ Change ☐ Addition
NAME	TOWNSEND.		2.2 NA	2.2 NAME		
STREET ADDRESS	7243 W. SUNRISE BLVD.		2.3 ST	REET A	ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33313			r-zip		
TITLE	DS	☐ DELETE	3.1 Trī	LE		☐ Change ☐ Addition
NAME	BONGIOVANNI, PATRICIA			3.2 NAME		
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33313		3.4. CI		r-ZIP	
TITLE	DT	☐ DELETE	4.1 117		1	Change Addition
NAME	SMITH, VERONICA		4. 2 N/			
STREET ADDRESS	7251 W SUNRISE BLVD				LDDRESS	
CITY-ST-ZIP	PLANTATION FL 33313	☐ DELETE	4.4 CIT	_	-ZIP	Change Addition
TITLE			5.1 TIT		ļ	
NAME OTDEET ANDRECC			5.2 NAME 5.3 STREET		nnatee	
STREET ADDRESS	•				ı	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CIT 6.1 TIT		*ZIF	☐ Change ☐ Additio
NAME			6.2 NA		}	
STREET ADDRESS					LOORESS	
CITY-ST-ZIP			6.4 C(T		ł	
14. I hereby c	ertify that the information supplied w	vith this filing does not qualify for				n Section 119.07(3)(i), Florida Statutes. I further certify that the information use shall have the same legal effect as if made under oath; that I am an expected to the same legal effect as if made under oath; that I am an expected to the same process in
indicated	on this annual report or supplement	al annual report is true and accu-	ate and	that	my signatu	ure shall have the same legal effect as if made under oath; that I am an

PATING PAURENCE IN

2-2-98

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FILED

Mar 09 1998 8:00am

Secretary of State