


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90318 034 \*\*\*\*61.25

**DOCUMENT # 727749**  
 1. Entity Name  
 APPLE CREEK UNIT ONE, INC.



Principal Place of Business  
 7301 W. SUNRISE BLVD.  
 PLANTATION, FL 33313 US

Mailing Address  
 7301 W. SUNRISE BLVD.  
 PLANTATION, FL 33313 US

50037317



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01142005 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
 65-0145282

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HOBART, ROBERT  
 7301 W SUNRISE BLVD  
 PLANTATION, FL 33313

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**  
 NAME FARUGGIO, JEAN  Delete  
 STREET ADDRESS 7243 W. SUNRISE BLVD.  
 CITY-ST-ZIP PLANTATION, FL 33313

TITLE **DP**  
 NAME BONGIOVANNI, Salvatore  Change  Addition  
 STREET ADDRESS 7245 W Sunrise Blvd  
 CITY-ST-ZIP Plantation FL 33313

TITLE **DS**  
 NAME BONGIOVANNI, PATRICIA  Delete  
 STREET ADDRESS 7245 W. SUNRISE BLVD  
 CITY-ST-ZIP PLANTATION, FL 33313

TITLE **DVP**  
 NAME Zimmerman, Michael  Change  Addition  
 STREET ADDRESS 7241 W Sunrise Blvd  
 CITY-ST-ZIP Plantation FL 33313

TITLE **DT**  
 NAME SMITH, VERONICA  Delete  
 STREET ADDRESS 7251 W SUNRISE BLVD  
 CITY-ST-ZIP PLANTATION, FL 33313

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Veronica Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #