


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90027 023 \*\*\*\*75.00

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



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0145282** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent  
**BONGIOVANNI, PATRICIA**  
**7245 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature (if used when restoring)

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FARUGGIO, JEAN <input type="checkbox"/> Delete 7243 W. SUNRISE BLVD. PLANTATION FL 33313
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT SMITH, VERONICA <input type="checkbox"/> Delete 7251 W SUNRISE BLVD PLANTATION FL 33313
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP BONGIOVANNI, SALVATORE <input type="checkbox"/> Delete 7245 W. SUNRISE BLVD PLANTATION FL 33313
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP ZIMMERMAN, MICHAEL <input type="checkbox"/> Delete 7241 W. SUNRISE BLVD PLANTATION FL 33313
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LAIACONA, LINDA <input type="checkbox"/> Delete 7271 W SUNRISE BLVD PLANTATION FL 33313
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CARRINGTON, ARETHA <input type="checkbox"/> Delete 7247 W SUNRISE BLVD PLANTATION FL 33313

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 all other like empowered.

SIGNATURE: *Salvatore Bongiovanni*

3/7/08 (954) 792-0970