

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 728610 (7) 1. Corporation Name APPLE CREEK UNIT TWO, INC.					
Principal Place of Business APPLE CREEK REC. CNT. 7301 W SUNRISE BLVD PLANTATION FL 33313 US			Mailing Address APPLE CREEK REC CENTER 7301 W SUNRISE BLVD. PLANTATION FL 33313-4414 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/09/1974 3a. Date of Last Report 07/25/1996 4. FEI Number 59-1698257 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 MORRIS, MARCIA 7165 W. SUNRISE BLVD 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 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 *Marcia S. Morris* **MORRIS MARCIA S.** **APRIL 22, 1997**
 Signature typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, MARCIA S	1.2 NAME	
STREET ADDRESS	7165 W. SUNRISE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, LORNA	2.2 NAME	
STREET ADDRESS	7163 W. SUNRISE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, PAUL	3.2 NAME	
STREET ADDRESS	7213 W. SUNRISE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	FEDERMAN, ANNE	4.2 NAME	
STREET ADDRESS	7215 W. SUNRISE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, PATRICK	5.2 NAME	
STREET ADDRESS	7147 W. SUNRISE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Marcia S. Morris* **MORRIS MARCIA S.** **APRIL 22, 1997**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0035008

CR2E037 (9/96)