

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90318 033 ****61.25

DOCUMENT # 728610 1. Entity 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 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 constituting)					
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 NAME STREET ADDRESS CITY-ST-ZIP	DT FLETCHER, LORNA ☐ Delete 7163 W. SUNRISE BLVD. PLANTATION, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Francis, Lisa ☐ Change ☒ Addition 7145 W. Sunrise Blvd Plantation FL 33313	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FEDERMAN, ANNE ☐ Delete 7215 W. SUNRISE BLVD. PLANTATION, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADAMS, KIM ☐ Delete 7167 W. SUNRISE BLVD. PLANTATION, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 all other like empowered.					
SIGNATURE: <u>Anne Federman</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>2-18-05</u> Daytime Phone # _____	