2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#728610

FILED Jan 09, 2009 Secretary of State

Entity Name: APPLE CREEK UNIT TWO, INC.

Current Principal Place of Business: New Principal Place of Business: APPLE CREEK REC. CNT. 7301 W SUNRISE BLVD PLANTATION, FL 33313 **New Mailing Address: Current Mailing Address:** APPLE CREEK REC CENTER APPLE CREEK REC. CNT. 7301 W SUNRISE BLVD 7301 W SUNRISE BLVD. PLANTATION, FL 33313 US PLANTATION, FL 33313 US FEI Number: 59-1698257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOBART, ROBERT 7301 W SUNRISE BLVD PLANTATION, FL 33313 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FLETCHER, LORNA Name: Name: 7163 W. SUNRISE BLVD. Address: Address: City-St-Zip: PLANTATION, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: FEDERMAN, ANNE Name: FITGERALD, ROBERT Address: 7215 W. SUNRISE BLVD. Address: 7161 W. SUNRISE BLVD. City-St-Zip: PLANTATION, FL 33313 City-St-Zip: PLANTATION, FL 33313 Title: ΠP () Delete Title: DS (X) Change () Addition ADAMS, KIM ADAMS, KIM Name: Name: 7167 W. SUNRISE BLVD. 7167 W. SUNRISE BLVD. Address: Address: City-St-Zip: PLANTATION, FL 33313 City-St-Zip: PLANTATION, FL 33313 Title: () Delete Title: () Change () Addition Name: CHOKSI, SHEFALI Name: Address: 7165 W SUNRISE BLVD Address: City-St-Zip: PLANTATION, FL 33313 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HOBART RΑ 01/09/2009