


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90066 046 ****61.25

DOCUMENT # 729450 1. Entity Name APPLE CREEK UNIT THREE INC.					
Principal Place of Business 7301 W. SUNRISE BLVD. PLANTATION, FL 33313			Mailing Address 5505 PEMBROKE ROAD HOLLYWOOD, FL 33317 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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STATE REALTY 5505 PEMBROKE ROAD HOLLYWOOD, FL 33317			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	S		<input type="checkbox"/> Delete		
NAME	ARINGER, LISA A		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	7103 WEST SUNRISE BLVD C-Z				
CITY- ST- ZIP	PLANTATION, FL 33313				
TITLE	T		<input type="checkbox"/> Delete		
NAME	AUTREY, MICHAEL		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	7063 W SUNRISE BLVD				
CITY- ST- ZIP	PLANTATION, FL 33313				
TITLE	P		<input checked="" type="checkbox"/> Delete		
NAME	AHLBRANDT, BARBARA		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	7063 W SUNRISE BLVD				
CITY- ST- ZIP	PLANTATION, FL 33313				
TITLE	D		<input type="checkbox"/> Delete		
NAME	CEUCCSINI, RICCI		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	7131 WEST SUNRISE BLVD				
CITY- ST- ZIP	PLANTATION, FL 33313				
TITLE	VP		<input checked="" type="checkbox"/> Delete		
NAME	YARROW, WM		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	7135 WEST SUNRISE BLVD				
CITY- ST- ZIP	PLANTATION, FL 33313				
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY- ST- ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Michael Autrey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08
Date

(954) 224-1730
Daytime Phone #