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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731381 (0)

1. Corporation Name

APPLEGREEN CONDOMINIUM APARTMENTS, INC. 2

Principal Place of Business	Mailing Address
611 SOUTH STATE ROAD 7 MARGATE FL 33068	611 SOUTH STATE ROAD 7 MARGATE FL 33068

3. Date Incorporated or Qualified: 12/06/1974

4. FEI Number: 65-0103199 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHANEY, RICHARD R
611 S. STATE RD. 7
MARGATE FL 33068

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRUNO, MARY		1.2 NAME		
STREET ADDRESS	611 S. STATE RD. 7		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33068		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BALAS, JOHN		2.2 NAME		
STREET ADDRESS	611 S. STATE RD. 7		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33068		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	KOCH, LILLIAN		3.2 NAME	Hawkins, Alice	
STREET ADDRESS	611 S STATE RD 7		3.3 STREET ADDRESS	611 S State Rd 7	
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP	Margate, FL	
TITLE	D	☒ DELETE	4.1 TITLE	D.	☐ Change ☒ Addition
NAME	ALBERTY, MIGUEL		4.2 NAME	Alberty Miguel	
STREET ADDRESS	611 S STATE RD 7		4.3 STREET ADDRESS	611 S. State Rd 7	
CITY-ST-ZIP	MARGATE FL		4.4 CITY-ST-ZIP	Margate, FL	
TITLE	P	☐ DELETE	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	CHANEY, RICHARD R		5.2 NAME	Chaney, Richard R.	
STREET ADDRESS	611 S. STATE RD. 7		5.3 STREET ADDRESS	611 S State Rd 7	
CITY-ST-ZIP	MARGATE FL		5.4 CITY-ST-ZIP	Margate, FL	
TITLE	D	☒ DELETE	6.1 TITLE	President	☐ Change ☒ Addition
NAME	TOBIAS, MARY		6.2 NAME	Joe Polimeni	
STREET ADDRESS	611 S. STATE RD. 7		6.3 STREET ADDRESS	611 S State Rd 7	
CITY-ST-ZIP	MARGATE FL		6.4 CITY-ST-ZIP	Margate, FL	

14. 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 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: SIGNATURE REQUIRED Joe Polimeni Pres. 1-8-98

CR2E037 (10/97)