2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
01-30-2001 90058 006 ****61.25

DOCUMENT # 731381

1. Entity Name

APPLEGREEN CONDOMINIUM APARTMENTS, INC. 2

Principal Place of Business	Mailing Address
611 SOUTH STATE ROAD 7 MARGATE FL 33068 US	2085 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~SOUTHWEST~~ SOUTHEAST CONDO MANAGEMENT 2085 UNIVERSITY DRIVE CORAL SPRINGS FL 33071	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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, GWENDOLYN 611 S. STATE RD. 7 MARGATE FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D moorehead, Roseann 611 S St Rd 7 margate, Fl.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAWKINS, ALICE 6115 STATE RD N MARGATE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bath 611 S St Rd 7 Margate, Fl.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBERTY, MIGUEL 611 S.STATE RD 7 MARGATE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brooks, Althea 611 S. St. Rd 7 Margate, Fl.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D POLIMENI, JOE 611 S STATE RD 7 MARGATE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hill, Debra 611 S. St. Rd 7 Margate, Fl	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S PACE, MARIE 611 S ST RD 7 MARGATE FL	☐ 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

CR2E037 (10/00)

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: Joseph Polimeni SIGNATURE REQUIRED 1-22-01 954-972-0310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #