2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State
02-09-2005 90039 001 ****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

01252005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2855 N University Dr	2855 N University Dr.
Suite, Apt. #, etc.: Suite 310	Suite, Apt. #, etc.: Suite 310
City & State: Coral Springs, Fl	City & State: Coral Springs, Fl
Zip: 33065 Country: US	Zip: 33065 Country: US

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 CONDO MANAGEMENT 2085 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071	Name: Southeast Condo Mgmt Street Address (P.O. Box Number is Not Acceptable): 2855 N University Drive Suite 310 City: Coral Springs FL Zip Code: 33065

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 reinstating) DATE

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	D THOMPSON, GWENDOLYN 611 S. STATE RD. 7 MARGATE, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRAHN, BETTY 611 S ST. RD. 7 MARGATE, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HAWKINS, PENNY 611 S.STATE RD 7 MARGATE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HILL, DEBBIE 611 S STATE RD 7 MARGATE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALBERTY, MIGUEL 611 S ST RD 7 MARGATE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALL, NELLI 611 S ST RD 7 MARGATE, FL	☐ 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: Betty Grahn 2/4/05 9549703766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #