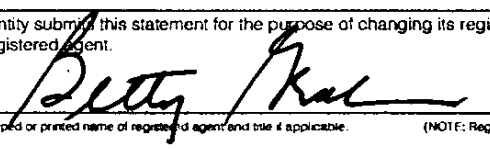


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90017 046 ****61.25

DOCUMENT # 731381 1. Entity Name APPLEGREEN CONDOMINIUM APARTMENTS, INC. 2					
Principal Place of Business 2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065 US			Mailing Address 2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065 US		
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	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SOUTHEAST CONDO MANAGEMENT 2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent 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. 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 reconstituting) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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	TITLE	NAME
	D	THOMPSON, GWENDOLYN	611 S. STATE RD. 7 MARGATE, FL 33068		
			☒ Delete		
	PD	GRAHN, BETTY	611 S ST. RD. 7 MARGATE, FL 33068		
			☐ Delete		
	VPD	HAWKINS, PENNY	611 S. STATE RD 7 MARGATE, FL		
			☐ Delete		
	TD	ALBERTY, MIGUEL	611 S ST RD 7 MARGATE, FL		
			☐ Delete		
	D	BALL, NELLI	611 S ST RD 7 MARGATE, FL		
			☒ Delete		
			☐ Delete		
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					