

FILE NOW: FILING FEE IS \$61.25

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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90025 044 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731413

1. Corporation Name

APPLE CREEK UNIT FOUR, INC.

Principal Place of Business

**7301 W SUNRISE BLVD
PLANTATION FL 33313
US**

Mailing Address

**7301 W SUNRISE BLVD
PLANTATION FL 33313
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/12/1974	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1698254	
24	Country	29	Country	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**CLEARY, ADELE A
7343 W SUNRISE BLVD
PLANTATION FL 33313**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SEARS, JOHN	1.2 NAME	
STREET ADDRESS	7347 W. SUNRISE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	ZIDAR, MARK	2.2 NAME	
STREET ADDRESS	7333 W SUNRISE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33313	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWNING, RICHARD	3.2 NAME	
STREET ADDRESS	7341 W. SUNRISE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DESOTELL, DEBORAH	4.2 NAME	
STREET ADDRESS	7361-B1 W SUNRISE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33313	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	☐ Change ☐ Addition
NAME	CLEARY, ADELE A	5.2 NAME	
STREET ADDRESS	7343 W SUNRISE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33313	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

954-584-0969

Daytime Phone #

CR2E037 (11/98)