



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90199 018 ****61.25

DOCUMENT # 735014 1. Entity Name APPLE CREEK UNIT FIVE, INC.					
Principal Place of Business APPLE CREEK CENTER 7301 W. SUNRISE BLVD. PLANTATION, FL 33313 US			Mailing Address APPLE CREEK CENTER 7301 W. SUNRISE BLVD. PLANTATION, FL 33313 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02222007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1698255	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOBART, ROBERT 7301 W SUNRISE BLVD PLANTATION, FL 33313			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BROWNING, MARY 7445 W. SUNRISE BLVD. PLANTATION, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT MUND, MARION 7447 W. SUNRISE BLVD. PLANTATION, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARITON, MARY J 7383 W. SUNRISE BLVD. PLANTATION, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YEE, ENA FONG 7387 W. SUNRISE BLVD PLANTATION, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Thomas Sharon 1391 W Sunrise Blvd Plantation FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Thomas Sharon 1391 W Sunrise Blvd Plantation FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u>Sharon Thomas</u> <u>Sharon Thomas</u> 4/20/07					