

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735014

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: APPLE CREEK UNIT FIVE, INC.

## Current Principal Place of Business:

APPLE CREEK CENTER  
7301 W. SUNRISE BLVD.  
PLANTATION, FL 33313 US

## New Principal Place of Business:

## Current Mailing Address:

APPLE CREEK CENTR  
7301 W. SUNRISE BLVD.  
PLANTATION, FL 33313 US

## New Mailing Address:

FEI Number: 59-1698255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOBART, ROBERT  
7301 W SUNRISE BLVD  
PLANTATION, FL 33313 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: BROWNING, MARY  
Address: 7445 W. SUNRISE BLVD.  
City-St-Zip: PLANTATION, FL

Title: SDT ( ) Delete  
Name: MUND, MARION  
Address: 7447 W. SUNRISE BLVD.  
City-St-Zip: PLANTATION, FL

Title: VP ( ) Delete  
Name: HARITON, MARY J  
Address: 7383 W. SUNRISE BLVD.  
City-St-Zip: PLANTATION, FL

Title: D ( ) Delete  
Name: YEE, ENA FONG  
Address: 7387 W. SUNRISE BLVD  
City-St-Zip: PLANTATION, FL

Title: PD (X) Delete  
Name: SHARON, THOMAS  
Address: 7319 W SUNRISE BLVD  
City-St-Zip: PLANTATION, FL 33313

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: BROWNING, MARY  
Address: 7301 W. SUNRISE BLVD.  
City-St-Zip: PLANTATION, FL

Title: SDT (X) Change ( ) Addition  
Name: MUND, MARION  
Address: 7301 W. SUNRISE BLVD.  
City-St-Zip: PLANTATION, FL

Title: VP (X) Change ( ) Addition  
Name: HARITON, MARY J  
Address: 7301 W. SUNRISE BLVD.  
City-St-Zip: PLANTATION, FL

Title: PD (X) Change ( ) Addition  
Name: THOMAS, SHARON  
Address: 7301 W SUNRISE BLVD  
City-St-Zip: PLANTATION, FL 33313

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HOBART

RA

04/23/2009

Electronic Signature of Signing Officer or Director

Date