FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:56

DOCUMENT # 744388 (0)

1. Corporation Name

APPLEGREEN CONDOMINIUM APARTMENTS, INC. 3

Principal Place of Business	Mailing Address
613 S. STATE ROAD 7 MARGATE FL 33068	613 S. STATE ROAD 7 MARGATE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1978
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1880533 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CAMMARATA, ISABEL
613 S STATE ROAD #7
MARGATE, FL
33068

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BURY, EDWARD	1.2 NAME	CAMMARATA, ISABEL	
STREET ADDRESS	613 S. STATE RD 7 - APT. 2D	1.3 STREET ADDRESS	613 S. State Rd. 7, Apt. 2F	
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	Margate, FL 33068	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	ABRUZZESE, GRACE	2.2 NAME	NUTILE, FLORENCE	
STREET ADDRESS	613 S STATE RD 7 - APT. 10	2.3 STREET ADDRESS	613 S. State Rd. 7, Apt. 2C	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	Margate, FL 33068	
TITLE	VDP	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	STACKHOUSE, DOUGLAS	3.2 NAME	STACKHOUSE, DOUGLAS	
STREET ADDRESS	613 S. STATE RD. 7, APT. 14	3.3 STREET ADDRESS	613 S. State Rd. 7, Apt. 1H	
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	Margate, FL 33068	
TITLE	STD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	CAMMARATA, ISABEL	4.2 NAME	CHAPLOW, AURETTA	
STREET ADDRESS	613 SO SR7 - APT. 2F	4.3 STREET ADDRESS	613 S. State Rd. 7, Apt. 1G	
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP	Margate, FL 33068	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MARK, HENRY	5.2 NAME	PUCCI, MARGARET	
STREET ADDRESS	613 S STATE RD 7 - APT. 3G	5.3 STREET ADDRESS	613 S. State Rd. 7, Apt. 3A	
CITY-ST-ZIP	MARGATE FL	5.4 CITY-ST-ZIP	Margate, FL 33068	
TITLE		6.1 TITLE	T	☐ Change ☒ Addition
NAME		6.2 NAME	FORNES, SHARON T.	
STREET ADDRESS		6.3 STREET ADDRESS	2316 Cypress Bend Dr. So., #320	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Pompano Beach, FL 33069	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Isabel Cammarata Isabel Cammarata 3/30/95 (305) 972-5078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000410