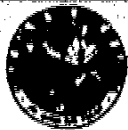


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

**613 S. STATE ROAD 7
MARGATE FL 33068**

Mailing Address

**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

59-1680533

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURY, EDWARD
STREET ADDRESS	613 S. STATE RD 7 - APT. 2D
CITY - ST - ZIP	MARGATE FL
TITLE	D
NAME	ABRUZZESE, GRACE
STREET ADDRESS	613 S STATE RD 7 - APT. 10
CITY - ST - ZIP	MARGATE FL
TITLE	VDP
NAME	STACKHOUSE, DOUGLAS
STREET ADDRESS	613 S. STATE RD. 7, APT. 14
CITY - ST - ZIP	MARGATE FL
TITLE	STD
NAME	CAMMARATA, ISABEL
STREET ADDRESS	613 SO SR7 - APT. 2F
CITY - ST - ZIP	MARGATE FL
TITLE	D
NAME	MARK, HENRY
STREET ADDRESS	613 S STATE RD 7 - APT. 3G
CITY - ST - ZIP	MARGATE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	CAMMARATA, ISABEL	
1.3 STREET ADDRESS	613 S. State Rd. 7, Apt. 2F	
1.4 CITY - ST - ZIP	Margate, FL 33068	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	NUTILE, FLORENCE	
2.3 STREET ADDRESS	613 S. State Rd. 7, Apt. 2C	
2.4 CITY - ST - ZIP	Margate, FL 33068	
3.1 TITLE	VD	☒ Change ☐ Addition
3.2 NAME	STACKHOUSE, DOUGLAS	
3.3 STREET ADDRESS	613 S. State Rd. 7, Apt. 1H	
3.4 CITY - ST - ZIP	Margate, FL 33068	
4.1 TITLE	SD	☒ Change ☐ Addition
4.2 NAME	CHAPLOW, AURETTA	
4.3 STREET ADDRESS	613 S. State Rd. 7, Apt. 1G	
4.4 CITY - ST - ZIP	Margate, FL 33068	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	PUCCI, MARGARET	
5.3 STREET ADDRESS	613 S. State Rd. 7, Apt. 3A	
5.4 CITY - ST - ZIP	Margate, FL 33068	
6.1 TITLE	T	☐ Change ☒ Addition
6.2 NAME	FORNES, SHARON T.	
6.3 STREET ADDRESS	2316 Cypress Bend Dr. So., #320	
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 110.07(3)(k), 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 this 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)

(Telephone Number)