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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33068-1775

3. Date Incorporated or Qualified: 09/26/1978
3a. Date of Last Report: 03/06/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: C.J. Chiarenza
82 Street Address (P.O. Box Number is Not Acceptable): 2085 University Dr
83
84 City: Coral Springs FL 85 Zip Code: 33071

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: C.J. Chiarenza — 2/12/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, GORDON		1.2 NAME		
STREET ADDRESS	613 SOUTH STATE ROAD 7, APT. 2A		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NUTILE, FLORENCE		2.2 NAME		
STREET ADDRESS	613 S. STATE RD 7, APT. 2C		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ABRUZZESE, GRACE		3.2 NAME		
STREET ADDRESS	613 SOUTH STATE ROAD 7, APT. 1D		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	CHAPLOW, AURETTA		4.2 NAME	Ryan, William	
STREET ADDRESS	613 S. STATE RD. 7, APT 1G		4.3 STREET ADDRESS	613 S St Rd 7	
CITY-ST-ZIP	MARGATE FL		4.4 CITY-ST-ZIP	Margate, Fl.	
TITLE	T	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	FORNES, SHARON T.		5.2 NAME	Krison, Dolores	
STREET ADDRESS	2316 CYPRESS BEND DR. SO., #320		5.3 STREET ADDRESS	613 S St Rd 7	
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP	Margate, Fl.	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED Florence L Nutile 2-20-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0025693