3000 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # 744388 1. Entity Name APPLEGREEN CONDOMINIUM APARTMENTS, INC. 3 01-26-2000 90021 040 ****61.25 Principal Place of Business Mailing Address 2085 UNIVERSITY DRIVE 2085 UNIVERSITY DRIVE CORAL SPRINGS FL 33071-6132 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1880533 Not Appear \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SOUTHEAST CONDOMINIUM MANAGEMENT 2085 UNIVERSITY DR CORAL SPRINGS FL 33071 Zip Code 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) it 1.41) 1.0 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be ____, Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE Delete TITLE NAME LEVINE, GORDON NAME STREET ADDRESS STREET ADDRESS 613 SOUTH STATE ROAD 7, APT. 2A CITY-ST-ZIP CITY-ST-ZIP MARGATE FL Change -ogan, Betty TITLE Delete TITLE 613 S S+ Rd7 NAME **NUTILE, FLORENCE** NAME STREET ADDRESS STREET ADDRESS 613 S. STATE RD 7, APT. 2C margate, Fl 33063 CITY-ST-7IF CITY-ST-ZIP MARGATE FL - 🗀 · Change · -- - 🖸 IIILE SYD_PD_ ☐ Delete KRISON, DOLERES NAME STREET ADDRESS STREET ADDRESS 613# ST RD 7 CITY-ST-ZIP CITY-ST-ZIP MARGATE FL Change TITLE ☐ Delete VPID NAME NAME Roth, Lillian STREET ADDRESS STREET ADDRESS 61355+R17 CITY-ST-ZIP CITY-ST-ZIP TID Change ☐ Delete TITLE ✓ Addition TITLE manso, marie NAME NAME STREET ADDRESS 613 SS+ RA7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP margate [] ☐ Delete Change TITLE 5 TITLE NAME NAME Sacco, Ralph STREET ADDRESS STREET ADDRESS 613'S S+ Rd7 CITY-ST-ZIP CITY-ST-ZIP margate, FI

12. I 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 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date / Date

Daytime Phone #