

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90007 014 ****61.25

DOCUMENT # 744388



1. Entity Name
APPLEGREEN CONDOMINIUM APARTMENTS, INC. 3

Principal Place of Business
**SOUTHEAST CONDO MGMT
2855N UNIVERSITY DR, STE 310
CORAL SPRINGS, FL 33065**

Mailing Address
**SOUTHEAST CONDO MGMT
PO BOX 9519
CORAL SPRINGS, FL 33075**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1880533

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHEAST CONDOMINIUM MANAGEMENT
2855N UNIVERSITY DR, STE310
CORAL SPRINGD, FL 33065**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	LOGAN, BETTY	
STREET ADDRESS	613 S STATE RD 7	
CITY - ST - ZIP	MARGATE, FL 33063	
TITLE	VPD	☒ Delete
NAME	JACOBS, WILMA	
STREET ADDRESS	613 S STATE RD 7	
CITY - ST - ZIP	MARGATE, FL 33063	
TITLE	PP	☐ Delete
NAME	WEESE, KAREN	
STREET ADDRESS	613 S. STATE ROAD 7	
CITY - ST - ZIP	MARGATE, FL 33063	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	☒ Change ☐ Addition
NAME	Sibley-Schreiber, Paul	
STREET ADDRESS	613 S. State Rd. 7 #1C	
CITY - ST - ZIP	Margate, FL 33063	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/06

954 9774300