2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #744388 1. Entity Name APPLEGREEN CONDOMINIUM APARTMENTS, INC. 3



FILED

Mar 02, 2006 8:00 am Secretary of State

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

Principal Place of Business SOUTHEAST CONDO MGMT 2855N UNIVERSITY DR, STE 310 CORAL SPRINGS, FL 33065 2. Principal Place of Business		Mailing Address SOUTHEAST CONDO MGMT PO BOX 9519 CORAL SPRINGS, FL 33075						illu mari litta erkii i		
2. Principal Pi	ace or Business							127) BYAR BYAR BYAR	LUQUI TADAS BARRA	THE ST CARE
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01052006	Chg-NP	CR2E037	(11/05)	
City & State		City & State			1	4. FEI Number 59-1880533				plied For t Applicable
Zip	Country	Zip	C	ountry		5. Certificate	of Status Desired		8.75 Add se Required	
	6. Name and Address of Current	Registered Agen	rt -	T =		7. Name and	Address of Nev	v Registered Ag	ent	
				Name						
2855N UNI	ST CONDOMINIUM MANAGE IVERSITY DR, STE310	MENT	ENT		Street Address (P.O. Box Number is Not Acceptable)					
CURAL SF	PRINGD, FL 33065									
				City				FL	Zip Code	
	named entity submits this statement folions of registered agent.	r the purpose of c	changing its registe	ered office or	registered	agent, or bot	th, in the State of	Florida. I am fa	miliar with,	and accept
are obligati	Silver of the si									
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regista	ered Agent signatu	ne periupes en	nen rømstabng)		DATE		
•	Filing Fee is \$61.25 Due by May 1, 2006		Election Campaigr Frust Fund Contrib		□ \$	5.00 May B dded to Fees	le F	Make check lorida Departr		
10.	OFFICERS AND DI	RECTORS	1		AD	DITIONS/CH	ANGES TO OFFI	CERS AND DIRE	CTORS IN	10
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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 HAME OF SIGNING OFFICER OR DIRECTOR