2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 23, 2007 8:00 am
Secretary of State
02-26-2007 90050 033 ****61.25

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01042007 Chg-NP CR2E037 (12/06)

DOCUMENT # 744388

1. Entity Name
APPLEGREEN CONDOMINIUM APARTMENTS, INC. 3

Principal Place of Business	Mailing Address
SOUTHEAST CONDO MGMT 2855N UNIVERSITY DR, STE 310 CORAL SPRINGS, FL 33065	SOUTHEAST CONDO MGMT PO BOX 9519 CORAL SPRINGS, FL 33075

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1880533 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Tucker & Tighe, P.A.
800 E. Broward Blvd, Suite 710
Fort Lauderdale, FL 33301

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: Thomas J. Tighe Pres. — 2/6/07
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, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT SIBLEY-SCHNEIDER, PAUL 613 S. STATE RD. 7 #1C MARGATE, FL 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Logan, Betty 673 S. State Rd. 7 #1A Margate, FL 33063	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEESE, KAREN 613 S. STATE ROAD 7 MARGATE, FL 33063	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ambicki, Fern 613 S. State Rd. 7 #3E Margate, FL 33063	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Ferne E. Ambicki — FERNE E. AMBICKI — 3-19-2007 — 954 977-3948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #