

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744388

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: APPLGREEN CONDOMINIUM APARTMENTS, INC. 3

**Current Principal Place of Business:**

SOUTHEAST CONDO MGMT  
2855N UNIVERSITY DR, STE 310  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

SOUTHEAST CONDO MGMT  
PO BOX 9519  
CORAL SPRINGS, FL 33075

**New Mailing Address:**

FEI Number: 59-1880533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TUCKER & TIGHE, P.A.  
800 E BROWARD BLVD  
SUITE 710  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPDT ( ) Delete  
Name: SIBLEY-SCHNEIDER, PAUL  
Address: 613 S. STATE RD. 7 #1C  
City-St-Zip: MARGATE, FL 33063

Title: SD ( ) Delete  
Name: LOGAN, BETTY  
Address: 613 S STATE RD 7 #1A  
City-St-Zip: MARGATE, FL 33063

Title: P ( ) Delete  
Name: AMBICKI, FERN  
Address: 613 S STATE RD 7 #3E  
City-St-Zip: MIAMI, FL 33163

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPDT (X) Change ( ) Addition  
Name: NAVARRO, IVET  
Address: 613 S. STATE RD. 7 #2D  
City-St-Zip: MARGATE, FL 33063

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERN AMBICKI

PRES

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date