FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -7 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757787 (7)

1. Corporation Name
APPLEGREEN RECREATION AREA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6273 NW 27TH ST MARGATE FL 33063	6273 NW 27TH ST MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1981
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2109499 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARAVUSO 607 S STATE RD 7 MARGATE FL 33068	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE		☐ Change ☐ Addition
NAME	GEMBINSKI, NICK	1.2 NAME		
STREET ADDRESS	615 S STATE RD 7	1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP		
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	JONELL, CONNIE	2.2 NAME		
STREET ADDRESS	6273 NW 27TH ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHIPANI, EVELYN	3.2 NAME		
STREET ADDRESS	603 S STATE RD 7	3.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE	D	☐ Change ☒ Addition
NAME	GARAVUSO, FRANCES	4.2 NAME	JOE CONIGLIO	
STREET ADDRESS	607 S STATE RD 7	4.3 STREET ADDRESS	605 S. STATE RD 7	
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP	MARGATE, FL	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	DION, JULIAN	5.2 NAME	BILL WEINREB	
STREET ADDRESS	617 S. STATE ROAD 7	5.3 STREET ADDRESS	609 S. STATE RD 7	
CITY-ST-ZIP	MARGATE FL	5.4 CITY-ST-ZIP	MARGATE FL	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	DICK CHEWEY	
STREET ADDRESS		6.3 STREET ADDRESS	611 S. STATE RD 7	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MARGATE, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frances Garavuso 305 April 4, 1995 974-0772
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #