FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **04/29/1981**
3a. Date of Last Report: **04/07/1995**

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):

4. FEI Number: **59-2109499** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GARAVUSO
607 S STATE RD 7
MARGATE FL 33068

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

100001703591
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	GEMBINSKI, NICK		1.2 NAME	GEMBINSKI, NICK	
STREET ADDRESS	615 S STATE RD 7		1.3 STREET ADDRESS	615 S STATE RD 7	
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP	MARGATE, FL	
TITLE	T	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	JONELL, CONNIE		2.2 NAME	HALL, BOB	
STREET ADDRESS	6273 NW 27TH ST		2.3 STREET ADDRESS	609 S STATE RD 7	
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP	MARGATE, FL	
TITLE	D	☐ DELETE	3.1 TITLE	P	☐ Change ☒ Addition
NAME	SCHIPANI, EVELYN		3.2 NAME	GARAVUSO, FRANCES	
STREET ADDRESS	603 S STATE RD 7		3.3 STREET ADDRESS	607 S STATE RD 7	
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP	MARGATE, FL 33068	
TITLE	D	☐ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	CONIGLIO, JOE		4.2 NAME	CONIGLIO, JOE	
STREET ADDRESS	605 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	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	DION, JULIAN		5.2 NAME	KISH, AL	
STREET ADDRESS	617 S. STATE ROAD 7		5.3 STREET ADDRESS	617 STATE RD 7	
CITY-ST-ZIP	MARGATE FL		5.4 CITY-ST-ZIP	MARGATE, FL	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	WEINREB, BILL		6.2 NAME	CHANEY, DICK	
STREET ADDRESS	609 S STATE RD 7		6.3 STREET ADDRESS	611 S. STATE RD 7	
CITY-ST-ZIP	MARGATE FL		6.4 CITY-ST-ZIP	MARGATE, FL	

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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)(k), 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 President 3/6/96 974-0772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #