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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757787

1. Corporation Name
APPLEGREEN RECREATION AREA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6273 NW 27TH ST MARGATE FL 33063	7033 PENINSULA LAKE CT LAKE WORTH FL 33467 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
04/29/1981

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

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

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

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

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLARKE, ED		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	☐ DELETE	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	☐ DELETE	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	D	☒ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	CONIGLIO, JOE		4.2 NAME	D Clarke, Doreen	
STREET ADDRESS	605 S. STATE RD 7		4.3 STREET ADDRESS	609 S. State Rd 7	
CITY-ST-ZIP	MARGATE FL		4.4 CITY-ST-ZIP	Margate FL 33068	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	KISH, AL		5.2 NAME	D Garavuso, Fran	
STREET ADDRESS	617 STATE RD 7		5.3 STREET ADDRESS	607 S. State Rd 7	
CITY-ST-ZIP	MARGATE FL		5.4 CITY-ST-ZIP	Margate, FL 33068	
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	HALL, BOB		6.2 NAME	D Polemus, Joe	
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 33068	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Fran Garavuso SIGNATURE REQUIRED 3/9/99 954-974-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #