2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757787

1. Entity Name

APPLEGREEN RECREATION AREA ASSOCIATION, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90030 037 ****61.25

Principal Place of Business	Mailing Address
~~6273 NW 27TH ST~~ 607 S. STATE RD 7 ~~MARGATE FL 33063~~ MARGATE FL 33068	7033 PENINSULA LAKE CT LAKE WORTH FL 33467-7966 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
607 S. STATE ROAD 7	c/o Sharon Fornes 2316 Cypress Bend Drive So.
Suite, Apt. #, etc. ~~[illegible]~~	Suite, Apt. #, etc. Apt. #320
City & State MARGATE, FL	City & State Pompano Beach, FL 33069
Zip 33068 / Country USA	Zip 33069 / Country USA

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

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

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

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARKE, ED 615 S STATE RD 7 MARGATE FL	☑ Delete	P Mary Coniglio 605 S. STATE RD 7 Margate Fl 33068	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JONELL, CONNIE 6273 NW 27TH ST MARGATE FL	☑ Delete	T SHARON FORNES 2316 CYPRESS BEND DR. SO., APT. #320 POMPANO BEACH, FL 33069	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHIPANI, EVELYN 603 S STATE RD 7 MARGATE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARAVUSO, FRAN 607 S. ST RD 7 MARGATE FL 33068	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KISH, AL 617 STATE RD 7 MARGATE FL	☑ Delete	D Julian Dion 617 State RD7 MARGATE FL.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HALL, BOB 609 S STATE RD 7 MARGATE FL	☐ Delete		☐ Change ☐ Addition

CR2E017 (1/99)

12. 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 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: Frances Garavuso SIGNATURE REQUIRED President 4/12/00 954-974-0772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #