2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State
02-03-2001 90077 014 ****61.25

DOCUMENT # 757787

1. Entity Name

APPLEGREEN RECREATION AREA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
607 S. STATE RD. 7 POMPANO BEACH FL 33068	2316 CYPRESS BEND DR. S. APT. 320 POMPANO BEACH FL 33069 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2085 University Drive
City & State	City & State Coral Springs, Fl
Zip / Country	Zip 33071 / Country US

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 Southeast Condominium Mgt Street Address (P.O. Box Number is Not Acceptable) 2085 University Drive City Coral Springs FL Zip Code 33071

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 CJ Chiarenza 1/8/01
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	P CONIGLIO, MARY 605 S. STATE RD. 7 POMPANO BEACH FL 33068	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Abruzzi, Robert 613 St Rd 7 Margate, Fl 33068	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FORNES, SHARON 2316 CYPRESS BEND DR. S. APT. 320 POMPANO BEACH FL 33069	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Polimeni, Joe 611 S St Rd 7 Margate, Fl.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHIPANI, EVELYN 603 S STATE RD 7 MARGATE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Clarke, Doreen 609 S St Rd 7 Margate, Fl.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARAVUSO, FRAN 607 S. ST RD 7 MARGATE FL 33068	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Harry ~~615~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DION, JULIAN 617 STATE RD 7 MARGATE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NICK GEMBINSKI 603 SOUTH STATE, RD #7 MARGATE, FL. 3306	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HALL, BOB 609 S STATE RD 7 MARGATE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED Nick Lembenski 1-29-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #