

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757787

1. Entity Name

APPLEGREEN RECREATION AREA ASSOCIATION, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90063 038 ****61.25

Principal Place of Business

607 S. STATE RD. 7
POMPANO BEACH FL 33068

Mailing Address

% SOUTHEAST CONDO MAT
2085 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

SOUTHEAST CONDOMINIUM MGT.
2085 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

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 * D ☐ Delete
NAME ABRUZZI, ROBERT
STREET ADDRESS 613 ST RD 7
CITY-ST-ZIP MARGATE FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * D ☐ Delete
NAME POLIMENI, JOE
STREET ADDRESS 615 ST RD 7
CITY-ST-ZIP MARGATE FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * D ☐ Delete
NAME CLARKE, DOREEN
STREET ADDRESS 609 S ST RD. 7
CITY-ST-ZIP MARGATE FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * P ☐ Delete
NAME GEMBINSKI, NICK
STREET ADDRESS 603 SOUTH STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * D ☐ Delete
NAME DION, JULIAN
STREET ADDRESS 617 STATE RD 7
CITY-ST-ZIP MARGATE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * V ☐ Delete
NAME HALL, BOB
STREET ADDRESS 609 S STATE RD 7
CITY-ST-ZIP MARGATE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1-23-02

954-9745813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)