2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90031 050 ****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	% SOUTHEAST CONDO MAT 2085 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 310
City & State	City & State Coral Springs, FL
Zip / Country	Zip 33065 / 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 Southeast Condo Mgmt Street Address (P.O. Box Number is Not Acceptable) 2855 N. University Dr. Suite 310 City Coral Springs FL Zip Code 33065

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TALERICO, ROSEMARIE 601 S STATE RD 7 MARGATE, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Betty Grahn 611 S ST RD 7 Margate, Fl 33068	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARATH, HARRY 6115 ST RD 7 MARGATE, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Alice Hawkins 611 S. ST. RD 7 Margate, Fl 33068	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALTO, PAT D 605 S STATE RD 7 MARGATE, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALSH, RACHEL S STATE RD 7 MARGATE, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DION, JULIAN 617 STATE RD 7 MARGATE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Rose Marie Talerico 2-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #