

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757787

FILED
Jan 08, 2009
Secretary of State

Entity Name: APPLGREEN RECREATION AREA ASSOCIATION, INC.

Current Principal Place of Business:

607 S. STATE RD. 7
POMPANO BEACH, FL 33068

New Principal Place of Business:

Current Mailing Address:

2855 NORTH UNIVERSITY DRIVE
SUITE 130
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 59-2109499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHEAST CONDOMINIUM MGT.
2855 NORTH UNIVERSITY DRIVE
SUITE 310
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TALERICO, ROSEMARIE
Address: 601 S STATE RD 7
City-St-Zip: MARGATE, FL 33068

Title: D () Delete
Name: RUDE, TOM
Address: 603 S STATE RD. #24
City-St-Zip: MARGATE, FL 33068

Title: D () Delete
Name: HAWKINS, ALICE
Address: 611 S STATE RD. 7 #1B
City-St-Zip: MARGATE, FL 33068

Title: D () Delete
Name: ZARRA, LOUISA
Address: 601 S STATE RD 7#2E
City-St-Zip: MARGATE, FL 33068

Title: P () Delete
Name: DION, JULIAN
Address: 617 STATE RD 7
City-St-Zip: MARGATE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TALLARICO, ROSEMARIE
Address: 601 S STATE RD 7
City-St-Zip: MARGATE, FL 33068

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIAN DION

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date