

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757787

**FILED**  
**Jan 04, 2011**  
**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/S  
Name: TALLARICO, ROSEMARIE  
Address: 601 S STATE RD 7  
City-St-Zip: MARGATE, FL 33068

Title: D/VP  
Name: ALBERTY, MIGUEL  
Address: 611 S STATE RD. #2G  
City-St-Zip: MARGATE, FL 33068

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

Title: P/D  
Name: DION, JULIAN  
Address: 617 STATE RD 7  
City-St-Zip: MARGATE, FL

I hereby 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 all other like empowered.

SIGNATURE: ROSEMARIE TALLARICO

S

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date