2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757787

1. Entity Name

FILED Feb 20, 2003 8:00 am Secretary of State

02 20 2003 00131 018 ****61 25

APPLEGREEN RECREATION	ON AREA ASSOCIATION, INC.				-20-2003 3013	1010	51.25
Principal Place of Business 607 S. STATE RD. 7 POMPANO BEACH FL 33068	2085 UNIVERSITY DR	% SOUTHEAST CONDO MAT 2085 UNIVERSITY DRIVE CORAL SPRINGS FL 33071					
2. Principal Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc. ,		☐ CHECK HERE IF MAKING CHANGES			
City & State	City & State	City & State		4. FEI Number 59-2109499 Applied For			
Zip Cour	try Zip	Zip Country		- 69			Not Applicable
6. Name and Add	reas of Current Registered Agent				_	Fee Requi	
			Name	7:-Name and Addre	89 Of New Flegisle	red Agent	
SOUTHEAST CONDOMINIUM 2085 UNIVERSITY DRIVE	MGT.	}	Street Address	(P.O. Box Number is No	Acceptable)		
CORAL SPRINGS FL 33071			<u> </u>				
		-	011				
<u></u>			City	J. C.	i	FL Zip Co	
 The above named entity submits the obligations of registered agen 	this statement for the purpose of changin	ng its registere	d office or registe	ered agent, or both, in the	State of Florida. I	am familiar with	, and accept
	•	12	S. C. C.	285	•		
SIGNATURE Signature band or protect		10	- 450	~ ~ ~ ~			
Signators, typed or primited nam	ne of registered agent and title if applicable.	(NOTE: Registered	Agent signature require	d when reinstating)	DA	TÉ	
FILE NOW: FEE IS	9. Election	ı Campaign Fir	ancina	05.00			
LITE HOM: LEE IS		nd Contributio		\$5.00 May Be Added to Fees	Make Ch Florida Dep	eck Payable	to State
	ICERS AND DIRECTORS		_				
TITLE D 1/2	Delete	11.		ADDITIONS/CHANGES	TO OFFICERS AND		
NAME ABRUZZI, ROBERT	- Contraction	NAME		Se Maria Ta	Jarica	☐ Change	Addition
STREET ADDRESS 613 ST RD 7 CITY-ST-ZIP MARGATE FL 33068	•		ADDRESS 60	se Marie To 15, State R	47		
TITLE DESCRIPTION OF THE PROPERTY OF THE PROPE		CITY-S	iT-ZIP				
NAME POLIMENI, JOE	Delete Delete	TITLE	P.	array R and	,	☐ Change	Addition
	oll S. State Rd.7		ADDRESS = 62	5-5 State	21-7		
CITY-ST-ZIP MARGATE FL 33068		CITY S		amute FL			
NAME CLARKE, DOREEN	🔀 Delete	TITLE	0	0 017	-	☐ Change	Addition
STREET ADDRESS 609 S ST RD. 7		NAME STREET	ADDRESS (00)	5 5, State	n17		/ -
CITY-ST-ZIP MARGATE FL 33068		CITY-SI	T-ZIP	wante El	ica.		
TITLE P NAME GEMBINSKI, NICK	Delete	TITLE	4	Jane, 12	1	☐ Change	Addition
NAME GEMBINSKI, NICK . 603 SOUTH STATE I	•	NAME	Ra	chel was	h	Johnney	LAC NOGILION
MARGATE FL 33068		CITY-ST	ADDRESS 5	state Rd.			ı
TITLE D	☐ Delete	TITLE	1112	urgure, PL		Channe	TV Adam
NAME DION, JULIAN STREET ADDRESS 617 STATE RD 7		NAME	Roca	er st, De	2innis	☐ Change	Addition
STREET ADDRESS 617 STATE RD 7 DITY-ST-ZIP MARGATE FL		STREET	1011	5. State 1	21.7		
TILE V	Delete	CITY-ST	11/41	rgate, FI	- /		
	مامام ۱۳۵۱	TITLE	1 11 - 2				XX Addition
1 .	E Doloto		0	Abolean	`	Change	Addition
HALL, BOB STREET ADDRESS 609 S STATE RD 7 MARGATE FL	22 5000	NAME STREET A	1 00	oth Abelson		L.J. Change	13€ ¥aminou

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119:97(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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: