


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90036 047 \*\*\*\*61.25

<b>DOCUMENT # 758376</b>		
1. Entity Name <b>APPEGATE HOMEOWNERS ASSOCIATION, INC.</b>		

Principal Place of Business <b>5995 BANNOCK TERR BOYNTON BEACH, FL 33437-8447</b>	Mailing Address <b>5995 BANNOCK TERR BOYNTON BEACH, FL 33437-8447</b>
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**60026278**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01162007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>O'CONNELL, EDWARD CRYSTAL COMMUNITY MGMT INC. 5995 BANNOCK TERRACE BOYNTON BCH., FL 33437</b>		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	D	<input type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KAMSLER, NETTIE			NAME	Richard Klayman		
STREET ADDRESS	11090 APPEGATE LANE			STREET ADDRESS	11079 Applegate Lane		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP	Boynton Beach, FL 33437	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERTOFSKY, JOSEPH			NAME	DeVries, Phyllis		
STREET ADDRESS	11110 APPEGATE CIR			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE VRIES, PHYLLIS			NAME	Spence, David		
STREET ADDRESS	11182 APPEGATE CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SPENCE, DAVID			NAME	Jay Rosenfeld		
STREET ADDRESS	11087 APPEGATE LANE			STREET ADDRESS	11092 Applegate Lane		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP	Boynton Beach, FL 33437		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUYK, MARTIN			NAME	Klein, Fred		
STREET ADDRESS	11170 APPEGATE CIR			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete					
NAME	KLEIN, FRED						
STREET ADDRESS	11091 APPEGATE LANE						
CITY-ST-ZIP	BOYNTON BEACH, FL 33437						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*David Spence* 3-7-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID SPENCE, PRES.