


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
Secretary of State


DOCUMENT # N05000009513

1. Entity Name
APPLEWOOD PROFESSIONAL PARK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 2801 SE 1ST AVENUE BUILDING 100 OCALA, FL 34471	Mailing Address 2801 SE 1ST AVENUE BUILDING 100 OCALA, FL 34471
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01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4594842	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DELCHARCO, MANUEL F JR.
 2801 SE 1ST AVENUE
 BUILDING 100
 OCALA, FL 34471**

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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, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELCHARCO, MANUEL F JR. 2801 SE 1ST AVENUE #100 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELCHARCO, KAREN 2801 SE 1ST AVENUE #100 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EHLERS, BRIAN E 2801 SE 1ST AVENUE #100 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEIORIO, LAUREN 2801 SE 1ST AVENUE #100 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/30/07-80075-009 61.25

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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:  **3/20/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #