

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 15, 2009
Secretary of State**

DOCUMENT# N05000009513

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

Current Principal Place of Business:

2801 SE 1ST AVENUE
BUILDING 100
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2801 SE 1ST AVENUE
BUILDING 100
OCALA, FL 34471

New Mailing Address:

FEI Number: 20-4594842 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DELCHARCO, MANUEL F JR.
2801 SE 1ST AVENUE
BUILDING 100
OCALA, FL 34471 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: PD () Delete
Name: DELCHARCO, MANUEL F JR.
Address: 2801 SE 1ST AVENUE #100
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: DELCHARCO, KAREN
Address: 2801 SE 1ST AVENUE #100
City-St-Zip: OCALA, FL 34471

Title: VD () Delete
Name: EHLERS, BRIAN E
Address: 2801 SE 1ST AVENUE #100
City-St-Zip: OCALA, FL 34471

Title: ST (X) Delete
Name: DEIORIO, LAUREN
Address: 2801 SE 1ST AVENUE #100
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DELCHARCO, AVA
Address: 2801 SE 1ST AVENUE #100
City-St-Zip: OCALA, FL 34471

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: MANUEL DELCHARCO, JR.

PD

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date