


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90025 024 \*\*\*\*61.25

<b>DOCUMENT # N14552</b>					
1. Entity Name APPLEWOOD VILLAGE II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2650 CARAMBOLA CIRCLE SOUTH COCONUT CREEK, FL 33066 US			Mailing Address C/O CASTLE GROUP P O BOX 559009 FORT LAUDERDALE, FL 33355-9009 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2734868	
				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			7. Name and Address of New Registered Agent		
PROCTON, LLOYD W 400 S.E. 18TH ST. FORT LAUDERDALE, FL 33316			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	VD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLD, DAVE		NAME	LEVY, RICHARD	
STREET ADDRESS	2831 CARAMBOLA CR S		STREET ADDRESS	2812 CARAMBOLA CIRCLE S.	
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, MICHAEL		NAME		
STREET ADDRESS	2800 CARAMBOLA CIRCLE S		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASIN, WILLIAM		NAME		
STREET ADDRESS	2763 CARABLA CR SO		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROSCIA, MARIO		NAME	CUNIGLIO, JOANN	
STREET ADDRESS	2767 CARAMBOLA CIRCLE S		STREET ADDRESS	2854 CARAMBOLA CIRCLE S	
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KRUGER, MARILYN	
STREET ADDRESS			STREET ADDRESS	2766 CARAMBOLA CIRCLE S	
CITY-ST-ZIP			CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Richard Levy</i>		SIGNATURE: <i>Richard Levy</i>		5/5/06 954 972 1169	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	