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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19037 (3)

1. Corporation Name
APPLEWOOD VILLAGE III CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business Mailing Address
C/O SUMMIT PROPERTY MGMT., INC. 6289 W. SUNRISE BLVD. SUNRISE FL 33313
C/O SUMMIT PROPERTY MGMT., INC. 6289 W. SUNRISE BLVD. SUNRISE FL 33313-6154

3. Date Incorporated or Qualified 02/02/1987
3a. Date of Last Report 04/02/1996

21. Principal Place of Business C/O Summit Prop Mgmt Suite, Apt. #, etc. P.O. Box 189013 City & State Plantation FL Zip 33318 Country USA	2a. Mailing Address C/O Summit Prop Mgmt Suite, Apt. #, etc. P.O. Box 189013 City & State Plantation FL Zip 33318 Country USA	4. FEI Number 59-2779158 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22. P.O. Box 189013	27. P.O. Box 189013	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23. Plantation FL	28. Plantation FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. 33318	29. 33318	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. USA	30. USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
SUMMIT PROPERTY MGMT., INC.
6289 W. SUNRISE BLVD.
SUNRISE FL 33313

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4450 W. Sunrise Blvd.
83 Suite C-100
84 City Plantation FL 85 Zip Code 33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *Gail H. Sangunett* Gail H. Sangunett, V.P.-Administration 2/7/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BISGEIER, BEN	
STREET ADDRESS	4646 CARAMBOLA CIRCLE N	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWARTZ, ROBERT	
STREET ADDRESS	4628 CARAMBOLA CIRCLE N	
CITY-ST-ZIP	COCONUT CK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERMAN, GILBERT	
STREET ADDRESS	4716 CARAMBOLA CIRCLE N	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLATT, JERRY	
STREET ADDRESS	4669 CARAMBOLA CIRCLE N	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SATIRO, BRUNO	
STREET ADDRESS	4743 CARAMBOLA CIRCLE N	
CITY-ST-ZIP	COCONUT CK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MANDELKER, ROSLYN	
STREET ADDRESS	4964 CARAMBOLA CIR N.	
CITY-ST-ZIP	COCONUT CREEK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEWORE, GONDI	
1.3 STREET ADDRESS	4710 CARAMBOLA CIRCLE N.	
1.4 CITY-ST-ZIP	COCONUT CREEK FL	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MONTY SEELIN	
5.3 STREET ADDRESS	4715 CARAMBOLA Cr. N.	
5.4 CITY-ST-ZIP	COCONUT CREEK FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerry Blatt* JERRY BLATT 2/20/97 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034785

CR2E037 (9/96)