


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19037** (3)  
1. Corporation Name  
**APPLEWOOD VILLAGE III CONDOMINIUM ASSOCIATION, I NC.**

Principal Place of Business <b>c/o SUMMIT PROPERTY MGMT., INC. P.O. BOX 189103 PLANTATION FL 33318 US</b>	Mailing Address <b>c/o SUMMIT PROPERTY MGMT., INC. P.O. BOX 189013 PLANTATION FL 33318 US</b>
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3. Date Incorporated or Qualified  
**02/02/1987**

4. FEI Number  
**59-2779158**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 <b>c/o Castle Group</b>	2a. Mailing Address 26 <b>c/o Castle Group</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

~~SUMMIT PROPERTY MGMT., INC.~~  
**4450 W. SUNRISE BLVD.  
SUITE C-100  
PLANTATION FL 33313**

10. Name and Address of New Registered Agent

81 Name  
**Castle Property Services Group, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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** DATE **1/6/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOHN, LENORE</b>	1.2 NAME	
STREET ADDRESS	<b>4710 CARAMBOLA CR. N.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SWARTZ, ROBERT</b>	2.2 NAME	<b>SD Winikoff, Pearl</b>
STREET ADDRESS	<b>4628 CARAMBOLA CIRCLE N</b>	2.3 STREET ADDRESS	<b>4635 Carambola Circle No.</b>
CITY-ST-ZIP	<b>COCONUT CK FL</b>	2.4 CITY-ST-ZIP	<b>Coconut Creek, FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERMAN, GILBERT</b>	3.2 NAME	
STREET ADDRESS	<b>4716 CARAMBOLA CIRCLE N</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLATT, JERRY</b>	4.2 NAME	
STREET ADDRESS	<b>4669 CARAMBOLA CIRCLE N</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEELIN, MONTY</b>	5.2 NAME	
STREET ADDRESS	<b>4715 CARAMBOLA CIRCLE N.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CK FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANDELKER, ROSLYN</b>	6.2 NAME	
STREET ADDRESS	<b>4964 CARAMBOLA CIR N.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	6.4 CITY-ST-ZIP	

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14. I 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, President** 1/6/98 (954) 792-6000

CR2E037 (10/97)