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Feb 18, 1999 8:00am
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02-18-1999 90081 024 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N19037

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

Principal Place of Business C/O CASTLE GROUP P.O. BOX 189103 PLANTATION FL 33318 US	Mailing Address C/O CASTLE GROUP P.O. BOX 189013 PLANTATION FL 33318 US
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/02/1987
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2779158
23. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent CASTLE PROPERTY SERVICES GROUP INC. 4450 W. SUNRISE BLVD. SUITE C-100 PLANTATION FL 33313	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. City
85. Zip Code	FL

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 _____ DATE _____
 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOHN, LENORE	1.2 NAME	
STREET ADDRESS	4710 CARAMBOLA CR. N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINIKOFF, PEARL	2.2 NAME	
STREET ADDRESS	4635 CARAMBOLA CIR NO	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CK FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, GILBERT	3.2 NAME	
STREET ADDRESS	4716 CARAMBOLA CIRCLE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLATT, JERRY	4.2 NAME	
STREET ADDRESS	4669 CARAMBOLA CIRCLE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEELIN, MONTY	5.2 NAME	
STREET ADDRESS	4715 CARAMBOLA CIRCLE N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CK FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDELKER, ROSLYN	6.2 NAME	
STREET ADDRESS	4964 CARAMBOLA CIR N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Jerry Blatt, Pres.* 1/29/99 (954) 792-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)