

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90020 020 \*\*\*\*61.25

**DOCUMENT # N19037**

1. Entity Name

**APPLEWOOD VILLAGE III CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

Mailing Address

C/O CASTLE GROUP  
 P.O. BOX 189103  
 PLANTATION FL 33318  
 US

C/O CASTLE GROUP  
 P.O. BOX 189013  
 PLANTATION FL 33318-9013  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2779158**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CASTLE PROPERTY SERVICES GROUP INC.~~  
 4450 W. SUNRISE BLVD.  
 SUITE C-100  
 PLANTATION FL 33313

Name **Castle Management Inc.**

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

City

**FL**

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.

SIGNATURE

*Mark Sangrett*

*Eric H. Sangrett, V.P. - Admin*

*1/26/00*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOHN, LENORE	
STREET ADDRESS	4710 CARAMBOLA CR. N.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WINIKOFF, PEARL	
STREET ADDRESS	4635 CARAMBOLA CIR NO	
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 checked="" type="checkbox"/> Delete
NAME	BLATT, JERRY	
STREET ADDRESS	4669 CARAMBOLA CIRCLE N	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEELIN, MONTY	
STREET ADDRESS	4715 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	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wesner, Paula	
STREET ADDRESS	4465 Carambola Cr N.	
CITY-ST-ZIP	Coconut Creek, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

*Paula Wesner* **REQUIRED** *Paula Wesner, President*

Date

*1/26/00*

Daytime Phone #

*954-792-6000*

CR2E037 (9/99)