


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90053 023 ****61.25

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|--|---------|---|---------|
| DOCUMENT # N19037 | |  | |
| 1. Entity Name APPLEWOOD VILLAGE III CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business CARAMBOLA CIRCLE NORTH COCONUT CREEK, FL 33066 US | | Mailing Address C/O TRANSCONTINENTAL 1323 LYONS RD COCONUT CREEK, FL 33063 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-2779158 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6.-Name and Address of Current Registered Agent ROGER, RANDALL K ESQ ONE PARK PLACE, 621 NW 53RD ST, SUITE 300 BOCA RATON, FL 33487 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is 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. 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> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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: D NAME: TORTORA, THOMAS STREET ADDRESS: 4663 CARAMBOLA CIR N CITY-ST-ZIP: POMPANO BEACH, FL 33066 <input type="checkbox"/> Delete | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| TITLE: PD NAME: BLATT, JERRY STREET ADDRESS: 4669 CARAMBOLA CIRCLE N CITY-ST-ZIP: COCONUT CREEK, FL <input checked="" type="checkbox"/> Delete | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| TITLE: D NAME: BERMAN, GILBERT STREET ADDRESS: 4716 CARAMBOLA CIRCLE N CITY-ST-ZIP: COCONUT CREEK, FL 33066 <input checked="" type="checkbox"/> Delete | | TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: S LORI WOLF STREET ADDRESS: 4673 CARAMBOLA CIR N CITY-ST-ZIP: COCONUT CREEK, FL 33066 | |
| TITLE: VD NAME: GARFINKEL, JOEL STREET ADDRESS: 4668 CARAMBOLA CR. N. CITY-ST-ZIP: COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete | | TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: PD STREET ADDRESS: CITY-ST-ZIP: | |
| TITLE: D NAME: WESNER, PAULA STREET ADDRESS: 4665 COMBOLA CIRCLE NORTH CITY-ST-ZIP: COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| TITLE: TD NAME: WOLF, EMIL STREET ADDRESS: 4673 CARAMBOLA CIRCLE NORTH CITY-ST-ZIP: COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete | | TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: T, VP STREET ADDRESS: 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>Emil Wolf</i> <i>V.P. Treas</i> | | Date: 4/10/08 Daytime Phone #: 954-972-9875 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

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