


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90041 009 ****61.25

DOCUMENT # N98000001929	
1. Entity Name APPLEWOOD PLACE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business APPLEWOOD PLACE CONDOMINIUM, UNIT #6 441 DEL PRADO BLVD. NORTH CAPE CORAL, FL 33909	Mailing Address APPLEWOOD PLACE CONDOMINIUM, UNIT #6 441 DEL PRADO BLVD. NORTH CAPE CORAL, FL 33909
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01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0844218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOOK, GERI APPLEWOOD PLACE CONDOMINIUM, UNIT #6 441 DEL PRADO BLVD. NORTH CAPE CORAL, FL 33909
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDERONE, JOSEPH 441 N DEL PRADO BLVD. # 8 CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANTON, CARL 441 N DEL PRADO BLVD. # 10 CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOOK, GERI 441 N. DEL PRADO BLVD #6 CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Gerri Look 1-11-06 279-458-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #