2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007
Secretary of State

DOCUMENT# N98000001929

Entity Name: APPLEWOOD PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

APPLEWOOD PLACE CONDOMINIUM, UNIT #6
441 DEL PRADO BLVD. NORTH
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

APPLEWOOD PLACE CONDOMINIUM, UNIT #6
441 DEL PRADO BLVD. NORTH
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 65-0844218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOOK, GERI
APPLEWOOD PLACE CONDOMINIUM, UNIT #6
441 DEL PRADO BLVD. NORTH
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CALDERONE, JOSEPH
Address: 441 N DEL PRADO BLVD, # 8
City-St-Zip: CAPE CORAL, FL 33909

Title: D ( ) Delete
Name: HANTON, CARL
Address: 441 N DEL PRADO BLVD,# 10
City-St-Zip: CAPE CORAL, FL 33909

Title: D ( ) Delete
Name: LOOK, GERI
Address: 441 N. DEL PRADO BLVD #6
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERI LOOK PRES 06/13/2007

Electronic Signature of Signing Officer or Director — Date