

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728610

**Entity Name:** APPLE CREEK UNIT TWO, INC.

**Current Principal Place of Business:**

APPLE CREEK RECREATION CENTER  
7301 W SUNRISE BLVD  
PLANTATION, FL 33313

**Current Mailing Address:**

C/O STEVEN B KATZ, P.A.  
4300 N UNIVERSITY DRIVE SUITE A-106  
LAUDERHILL, FL 33351 US

**FEI Number:** 59-1698257

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STEVEN, B KATZ ESQ.  
4300 N UNIVERSITY DRIVE  
SUITE A-106  
LAUDERHILL, FL 33351 US

*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:** STEVEN B KATZ

04/23/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DS  
Name FRANCIS, LESA GAY  
Address C/O STEVEN B KATZ, P.A.  
4300 N UNIVERSITY DRIVE SUITE  
A-106  
City-State-Zip: LAUDERHILL FL 33351

Title DP  
Name LEE, KIM  
Address C/O STEVEN B KATZ, P.A.  
4300 N UNIVERSITY DRIVE SUITE  
A-106  
City-State-Zip: LAUDERHILL FL 33351

Title DT  
Name CHOKSI, SHEFALI  
Address C/O STEVEN B KATZ, P.A.  
4300 N UNIVERSITY DRIVE SUITE  
A-106  
City-State-Zip: LAUDERHILL FL 33351

*I hereby 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 all other like empowered.*

**SIGNATURE:** KIM LEE

KIM LEE

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date