

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19037

**FILED**  
**Feb 18, 2019**  
**Secretary of State**  
**1854754537CC**

**Entity Name:** APPLEWOOD VILLAGE III CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4619-4755 CARAMBOLA CIRCLE N.  
COCONUT CREEK, FL 33066

**Current Mailing Address:**

C/O TRANSCONTINENTAL MGMT.  
1323 LYONS RD  
COCONUT CREEK, FL 33063 US

**FEI Number:** 59-2779158

**Certificate of Status Desired:** No

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

VALANCY, STEVEN SPA  
311 SE 13TH STREET  
FT. LAUDERDALE, FL 33316 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name WOLF, LORI  
Address 4673 CARAMBOLA CIR N  
City-State-Zip: COCONUT CREEK FL 33066

Title PD, TREASURER  
Name GARFINKEL, JOEL  
Address 4668 CARAMBOLA CIR. N.  
City-State-Zip: COCONUT CREEK FL 33066

Title DIRECTOR  
Name VIDAL, CARL  
Address 4684 CARAMBOLA CIR. N  
City-State-Zip: COCONUT CREEK FL 33066

Title SECRETARY  
Name MACINNIS, RICHARD  
Address 4678 CARAMBOLA CIR. N  
City-State-Zip: COCONUT CREEK FL 33066

Title DIRECTOR  
Name WOODS, JAMES  
Address 4639 CARAMBOLA CIR N  
City-State-Zip: COCONUT CREEK FL 33066

*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:** JOEL GARFINKEL

**PRESIDENT**

**02/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date