


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90284 038 \*\*\*\*61.25

**DOCUMENT # 767357**

1. Entity Name  
 CARAVELLE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business  
~~3300 UNIVERSITY DRIVE~~  
~~#405~~  
~~POMPANO BEACH, FL 33065~~ US

Mailing Address  
~~3300 UNIVERSITY DRIVE~~  
~~#405~~  
~~POMPANO BEACH, FL 33065~~ US

2. Principal Place of Business  
 11784 West Sample Rd  
 Suite, Apt. #, etc.

3. Mailing Address  
 11784 West Sample Rd  
 Suite, Apt. #, etc.



02172005 Chg-NP CR2E037 (10/03)

City & State  
 Coral Springs FL

City & State  
 Coral Springs FL

Zip  
 33065

Country

4. FEI Number  
 59-2415328

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~UNITED COMMUNITY MGMT~~  
~~3300 UNIVERSITY DR #405~~  
~~POMPANO BEACH, FL 33065~~

7. Name and Address of New Registered Agent

Name  
 United Community Mgmt Corp

Street Address (P.O. Box Number is Not Acceptable)  
 11784 West Sample Road

City  
 Coral Springs FL

Zip Code  
 33065

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 Denise Kottawa United Comm Mgmt VP Finance 3/2/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAYE, JERRY 22600 CARAVELLE CIRCLE BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSS, ROBERT 22524 CARAVELLE CIRCLE BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REMER, JAY 22724 CARAVELLE CIRCLE BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALDENBURG, HAROLD 22680 CARAVELLE CIRCLE BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Berlin, Harriet 22632 Caravelle Circle Boca Raton FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rappaport, Shelton 22575 Caravelle Circle Boca Raton, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jerry Kaye

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #