

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 768363 (4)**  
1. Corporation Name  
**POND APPLE PLACE IV CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**6289 W. SUNRISE BLVD. SUITE 202 SUNRISE FL 33313**

3. Date Incorporated or Qualified **05/10/1983** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2290683</b>	<input type="checkbox"/> Not Applicable
Suite Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	24	25
29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SUMMIT PROPERTY MANAGEMENT, INC. 6289 W. SUNRISE BLVD. SUNRISE FL 33313</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAVERMAN, LENNY</b>	1.2 NAME	
STREET ADDRESS	<b>3163 CARAMBOLA CIR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARDNER, HERBERT</b>	2.2 NAME	
STREET ADDRESS	<b>3145 CARAMBOLA CIR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PILLA, BEVERLY</b>	3.2 NAME	
STREET ADDRESS	<b>3017 CARAMBOLA CIR S</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	3.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIGMAN, SIDNEY</b>	4.2 NAME	
STREET ADDRESS	<b>3045 CARAMBOLA CIR S</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANTROWITZ, EUNICE</b>	5.2 NAME	
STREET ADDRESS	<b>3119 CARAMBOLA CIR S</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, RICHARD</b>	6.2 NAME	
STREET ADDRESS	<b>3159 CARAMBOLA CIRCLE S</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: Herbert Gardner Date: 3/28/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: \_\_\_\_\_

CR2E037 (12/95)