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

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

768363

3159 CARAMBOLA CIRCLE S

**COCONUT CREEK FL** 

I am an officer or director of the corporation appears in Block 12 or Block 13 if change

STREET ADDRESS

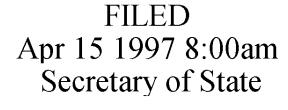
CITY-ST-ZIP

(4)

## POND APPLE PLACE IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address



8289 W. SUNRISE BLVD. SUITE 202 SUNRISE FL 33313		6289 W. SUNRISE BLVD. SUITE 202 SUNRISE FL 33313-6154		3. Date Incorporated or Qualified 05/10/1983	3a. Date of Last Report 04/22/1996
2. Principal P	Place of Business	28. Mailing Address 26 OUMMI	Hor Man	4. FEI Number 59-2290683	Applied For Not Applicable
Sulter Apt.	Bry 18903	Suite Apt. #, etc.	189013	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City Schale City Schale  23			and Sametra	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
24 33.	9, Name and Address of Current	1=-1	Country 0 // S/	8. This corporation has liability for it     Florida Statutes      10. Name and Address of New Rec	Yes No
81 Name					insteled Wiell
SUMMIT PROPERTY MANAGEMENT, INC.				(D.O. D. A.)	
SUMMIT PROPERTY MANAGEMENT, INC.  8289 W. SUNDIGE BLYD.			Street Ac	Idress (P.O. Box Number is Not Acceptable	BUSH
SUNRISE FL 99913				2 - 101	
			84 City	-700	<b> 85</b> Zin Çode, ე
			HA	UTATION	- FL     ヤヤフインイヘ
11. Pursuant to the provisions of Socilors 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 family with, any accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE July Dimput Gail H. Sangunett, V.P Administration 3/31/97  Story Mile, Typed or printed June of Topins Ted agent and title if applicable (NOTE: Registered Agent signature required when relinstating)					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	VO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRAVERMAN, LENNY		1.2 NAME		
STREET ADORESS	3163 CARAMBOLA CIR COCONUT CREEK FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PD PD	DELETE	14 CITY-ST-ZIP		Chance D Addition
NAME	GARDNER, HERBERT		2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	3145 CARAMBOLA CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL				
TITLE	SD	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	PILLA, BEVERLY	_	3.2 NAME		
STREET ADDRESS	3017 CARAMBOLA CIR S		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		3.4. CITY-ST-7IP		
TITLE	ASD	☐ DELETE	4.1 TITLE		Change Addition
NAME	SIGMAN, SIDNEY		4. 2 NAME		
STREET ADDRESS	3045 CARAMBOLA CIR S		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		4.4 CHY-ST-ZIP		
TITLE	TD	☐ DELETE	5 1 10 LE		Change Addition
NAME	KANTROWITZ, EUNICE		5.2 NAME		
STREET ADDRESS	3119 CARAMBOLA CIR S		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL	<b>A</b>	5.4 CITY-S1-ZIP		
TITLE	VP	DELETÉ	6.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, RICHARD		6.2 NAME		

6.3 STREET ADDRESS

14. I do 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 annual report of supplemental annual eport is true and accurate and that my signature shall have the same legal effect as if made under eath; 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