

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768363 (4)
1. Corporation Name
POND APPLE PLACE IV CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6289 W. SUNRISE BLVD. SUITE 202 SUNRISE FL 33313	Mailing Address 6289 W. SUNRISE BLVD. SUITE 202 SUNRISE FL 33313-6154
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3. Date Incorporated or Qualified 05/10/1983	3a. Date of Last Report 04/22/1996
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21. Principal Place of Business 40 Summit Prop Mgmt Suite, Apt. #, etc. PO Box 18903 City & State PLANTATION Zip 33318	22. Mailing Address 40 Summit Prop Mgmt Suite, Apt. #, etc. PO Box 18903 City & State PLANTATION Zip 33318	23. Country USA	24. Country USA
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4. FEI Number 59-2290683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SUMMIT PROPERTY MANAGEMENT, INC.
~~6289 W. SUNRISE BLVD.~~
SUNRISE FL 33313

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4450 W. JUDY DR BLVD
83 C-100
84 City
PLANTATION FL 85 Zip Code
33313

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 *Gail H. Sangunett* Gail H. Sangunett, V.P. - Administration 3/31/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRAVERMAN, LENNY	
STREET ADDRESS	3163 CARAMBOLA CIR	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARDNER, HERBERT	
STREET ADDRESS	3145 CARAMBOLA CIR.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PILLA, BEVERLY	
STREET ADDRESS	3017 CARAMBOLA CIR S	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	SIGMAN, SIDNEY	
STREET ADDRESS	3045 CARAMBOLA CIR S	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KANTROWITZ, EUNICE	
STREET ADDRESS	3119 CARAMBOLA CIR S	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, RICHARD	
STREET ADDRESS	3159 CARAMBOLA CIRCLE S	
CITY-ST-ZIP	COCONUT CREEK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 if changed, or on an attachment with an address.
Gail H. Sangunett Herbert Gardner

CR2E037 (9/96)