


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

**FILED**

**Mar 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>4441 STIRLING ROAD FORT LAUDERDALE FL 33314 US</b>	Mailing Address <b>4441 STIRLING ROAD FORT LAUDERDALE FL 33314 US</b>
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3. Date Incorporated or Qualified <b>05/10/1983</b>	
4. FEI Number <b>59-2290683</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 Do The Continental Group</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27 1067 Shotgun Road</b>
City & State <b>23</b>	City & State <b>28 Sunrise, FL</b>
Zip <b>24</b>	Zip <b>29 33326</b>
Country <b>25</b>	Country <b>30 USA</b>

9. Name and Address of Current Registered Agent

**NACHMAN, IRVIN W  
4441 STIRLING ROAD  
FT. LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VD</b>	<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>3183 CARAMBOLA CIR</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>COCONUT CREEK FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<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 <b>SD</b>	<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 <b>ASD</b>	<input checked="" 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 <b>TD</b>	<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 <b>VP</b>	<input checked="" 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	
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14. 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 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.

SIGNATURE: *Richard Martin* 2/16/98

CF2E037 (10/97)