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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90004 042 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768363**

1. Corporation Name

**POND APPLE PLACE IV CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 4441 STIRLING ROAD FORT LAUDERDALE FL 33314 The Continental Group	Mailing Address C/O THE CONTINENTAL GROUP 1067 SHOTGUN ROAD SUNRISE FL 33326 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/10/1983	4. FEI Number 59-2290683 Applied For 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	

9. Name and Address of Current Registered Agent

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

Dennis Eisinger  
 4000 Hollywood Blvd.  
 Suite 265 South  
 Hollywood, FL 33021

10. Name and Address of New Registered Agent

81 Name  
Dennis J. Eisinger, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)  
4000 Hollywood Boulevard, #265S

83 Phillipa Eisinger, Kross + Rosenfeldt, PA

84 City  
Hollywood

85 Zip Code  
FL 33021

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: *[Signature]* DATE: 2/09/99

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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVERMAN, LENNY	1.2 NAME	
STREET ADDRESS	3163 CARAMBOLA CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, HERBERT	2.2 NAME	
STREET ADDRESS	3145 CARAMBOLA CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTROWITZ, EUNICE	4.2 NAME	
STREET ADDRESS	3119 CARAMBOLA CIR S	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Director Toby Sallamack
STREET ADDRESS		5.3 STREET ADDRESS	3265 Carambola Circle So.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Coconut Creek, FL 33066
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Director Aldo Corsetti
STREET ADDRESS		6.3 STREET ADDRESS	3225 Carambola Circle So.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Coconut Creek, FL 33066

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/7/99 DAYTIME PHONE: 915-2060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)