

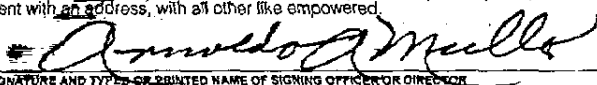


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004408 1. Entity Name KARLAN HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 3965 S.W. 6TH STREET MIAMI, FL 33134	Mailing Address 3965 S.W. 6TH STREET MIAMI, FL 33134	
DO NOT WRITE IN THIS SPACE		
 01252006 No Chg-NP CRZE037 (11/05)		
4. FEI Number 65-1035192		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MULLER, ARNOLDO A 2520 S.W. 22ND STREET, #7 MIAMI, FL 33145		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees 1100000419058 02/14/06-80031-018 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLER, ARNOLDO A 3965 S.W. 6TH STREET MIAMI, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAGAR, ANA 11244 S.W. 33RD CIRCLE PLACE MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAYADO, ISABEL 11228 S.W. 33RD CIRCLE PLACE MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAYADO, ISABEL 11228 S.W. 33RD CIRCLE PLACE MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDOSO, GUELIA 11257 S.W. 33RD CIRCLE PLACE MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGNELIO, ALONSO 3391 SW 129 AVENUE MIAMI, FL 33165	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		Date: 2/28/06 Daytona Phone #: 205 8566599
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		