

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N07493** (2)

1. Corporation Name

**KARANDA VILLAGE V CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 189013  
PLANTATION FL 33318

P.O. BOX 189013  
PLANTATION FL 33318

3. Date Incorporated or Qualified **02/05/1985** 3a. Date of Last Report **08/24/1995**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4.	FEI Number	Applied For
	<b>59-2502042</b>	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

10. Name and Address of New Registered Agent

**SUMMIT PROPERT MANAGEMENT, INC.**  
**6289 W. SUNRISE BLVD.**  
**#202**  
**SUNRISE FL 33313**

81	Name	<b>IRVIN W. NACHMAN</b>
82	Street Address	<b>4441 STIRLING ROAD</b>
83		
84	City	<b>FT. LAUDERDALE</b>
	State	<b>FL</b>
85	Zip Code	<b>33314</b>

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: *Irvin W. Nachman* **IRVIN W. NACHMAN** DATE: **5/27/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	<b>PD BYKOWSKY</b>	1.1 TITLE	<b>D</b>
NAME	<b>BYOWSKY, NICK</b>	1.2 NAME	<b>TONY GLOMSKI</b>
STREET ADDRESS	<b>3397 N.W. 47TH AVE.</b>	1.3 STREET ADDRESS	<b>3246 NW 47TH AVE</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	1.4 CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>
TITLE	<b>VD</b>	2.1 TITLE	<b>Sec.</b>
NAME	<b>BLACKBURN, CHARLENE</b>	2.2 NAME	<b>FRANK KRNOJA</b>
STREET ADDRESS	<b>3444 N.W. 47TH AVE.</b>	2.3 STREET ADDRESS	<b>3232 NW 47th Ave</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	2.4 CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>
TITLE	<b>SD</b>	3.1 TITLE	
NAME	<b>HIGGINS, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>3439 N.W. 47TH AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	4.1 TITLE	
NAME	<b>RITA MOSCOWITZ</b>	4.2 NAME	
STREET ADDRESS	<b>3281 NW 47 AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>FARB, PAUL</b>	5.2 NAME	
STREET ADDRESS	<b>3496 NW 47 AVE.</b>	5.3 STREET ADDRESS	<b>000001854290</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL 33066</b>	5.4 CITY-ST-ZIP	<b>-06/06/96--01106--030</b>
TITLE		6.1 TITLE	<b>***61.25</b>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Nicholas Bykowski* **Nicholas Bykowski Pres** DATE: **4-22-96** DAYTIME PHONE #: **979-2278**

CR2E037 (12/95)