

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: P.O. BOX 189013, PLANTATION FL 33318  
Mailing Address: C/O THE CONTINENTAL GROUP, 1067 SHOTGUN RD, SUNRISE FL 33326, US

3. Date Incorporated or Qualified: 02/05/1985  
4. FEI Number: 59-2502042  
Applied For: Not Applicable

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields for Suite, Apt #, etc and City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 (81-85) fields for Name, Street Address, City, State (FL), and 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VPD
NAME	BYKOWSKY, NICK	1.2 NAME	SEBURNESKY, WILLIAM
STREET ADDRESS	3397 N.W. 47TH AVE.	1.3 STREET ADDRESS	3285 NW 47 AVE
CITY - ST - ZIP	COCONUT CREEK FL	1.4 CITY - ST - ZIP	COCONUT CREEK, FL 33063
TITLE	TD	2.1 TITLE	T, D
NAME	VERNOIA, FRANK	2.2 NAME	KOLMAN, LINDA
STREET ADDRESS	3232 NW 47 AVE	2.3 STREET ADDRESS	3224 NW 47 AVE
CITY - ST - ZIP	COCONUT CREEK FL	2.4 CITY - ST - ZIP	COCONUT CREEK, FL 33063
TITLE	PD	3.1 TITLE	S, D
NAME	GLOMSKI, TONY	3.2 NAME	FERNANDES, STEPHANIE
STREET ADDRESS	3439 N.W. 47TH AVE.	3.3 STREET ADDRESS	3401 NW 47 AVE
CITY - ST - ZIP	COCONUT CREEK FL	3.4 CITY - ST - ZIP	COCONUT CREEK, FL 33063
TITLE	D	4.1 TITLE	ARMEND, EUGENE D
NAME	PRATT, LUCILLE	4.2 NAME	
STREET ADDRESS	3416 NW 47 AVE	4.3 STREET ADDRESS	3431 NW 47 AVE
CITY - ST - ZIP	COCONUT CREEK FL	4.4 CITY - ST - ZIP	COCONUT CREEK, FL 33063
TITLE	SD	5.1 TITLE	P, D
NAME	ZORNIK, JOE	5.2 NAME	
STREET ADDRESS	3437 NW 47 AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	5.4 CITY - ST - ZIP	33063
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		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: *Joseph O. Zornik* 2-3-98 754-978-6728

CR2E037 (10/97)