

FILE NOW. FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90029 015 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07493**

1. Corporation Name  
**KARANDA VILLAGE V CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business C/O BENCHMARK PROP. MGT. 7832 WILES RD. CORAL SPRINGS FL 33446	Mailing Address C/O BENCHMARK PROP. MGT. 7832 WILES RD. CORAL SPRINGS FL 33446
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified <b>02/05/1985</b>	4. FEI Number <b>59-2502042</b> 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	

8. Name and Address of Current Registered Agent <b>ZORNIK, JOE 3437 NW 47TH AVE COCONUT CREEK FL 33063</b>	10. Name and Address of New Registered Agent 81 Name <b>ANTHONY GLOMSKI</b> 82 Street address (Post Office Number is Not Acceptable) <b>3246 N.W. 47 Ave</b> 83 City <b>Coconut Creek</b> 84 City <b>FL</b> 85 Zip Code <b>33063</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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: *Anthony Glomski* DATE: **2/1/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SEVRNSKY, WILLIAM</b>		1.2 NAME <b>ANTHONY GLOMSKI</b>	
STREET ADDRESS <b>3285 NW 47TH AVE</b>		1.3 STREET ADDRESS <b>3246 N.W. 47th Avenue</b>	
CITY-ST-ZIP <b>COCONUT CREEK FL 33063</b>		1.4 CITY-ST-ZIP <b>Coconut Creek, FL 33063</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KOLMAN, LINDA</b>		2.2 NAME <b>Jack Backlund</b>	
STREET ADDRESS <b>3224 NW 47TH AVE</b>		2.3 STREET ADDRESS <b>3242 N.W. 47 Ave</b>	
CITY-ST-ZIP <b>COCONUT CREEK FL 33063</b>		2.4 CITY-ST-ZIP <b>Coconut Creek, FL 33063</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FERNANDES, STEPHANIE</b>		3.2 NAME <b>Robert Laney</b>	
STREET ADDRESS <b>3481 NW 47TH AVE</b>		3.3 STREET ADDRESS <b>3480 NW 47 Avenue</b>	
CITY-ST-ZIP <b>COCONUT CREEK FL 33063</b>		3.4 CITY-ST-ZIP <b>Coconut Creek, FL 33063</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ARMENO, EUGENE</b>		4.2 NAME <b>Curt Cuddelack</b>	
STREET ADDRESS <b>3431 NW 47TH AVE</b>		4.3 STREET ADDRESS <b>3405 N.W. 47 Avenue</b>	
CITY-ST-ZIP <b>COCONUT CREEK FL 33063</b>		4.4 CITY-ST-ZIP <b>Coconut Creek, FL 33063</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ZORNIK, JOE</b>		5.2 NAME <b>ZORNIK, JOE</b>	
STREET ADDRESS <b>3437 NW 47 AVE</b>		5.3 STREET ADDRESS <b>3437 NW 47 AVE</b>	
CITY-ST-ZIP <b>COCONUT CREEK FL 33063</b>		5.4 CITY-ST-ZIP <b>COCONUT CREEK FL 33063</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> DELETE	6.1 TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		6.2 NAME <b></b>	
STREET ADDRESS <b></b>		6.3 STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		6.4 CITY-ST-ZIP <b></b>	

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: *Anthony Glomski* DATE: **2/1/99**  
Signature and typed or printed name of signing officer or director

CR2E037 (1/198)