## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N07493  1. Entity Name					Mar 29, 2001 8:00 am Secretary of State			
KARANDA VILLAGE V CONDOMINIUM ASSOCIATION, INC.						03-29-2001 904	•	
Principal Place of Business Mailing Address				<del></del> -	1			
C/O BENCHMARK PROP. MGT., INC. 7932 WILES RD. CORAL SPRINGS FL 33446		C/O BENCHMARK PROP. MGT INC. 7932 WILES RD. CORAL SPRINGS FL 33446						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<u> </u>	4. FEI Number Applied For Not Applicable			
Zip Country		Zip Country			5. Certificate	of Status Desired	\$8.75 Ad	lditional
6. Name and Address of Current Registered Agent					7. Name and	Address of New Reg	istered Agent	
				e <u>Kat</u>	zran &	Korr		
	EFFMAN, WEINBERG & BLACK, P.A	Street Add		et Address (I 110		ris Not Acceptable)	7_Suite	102
8000 PET	TERS RD					- Contraction		
STE 200 PLANTATION FL 33324			City	Mar	gate		FL Zip Coo	de 3068
8. The above	named entity submits this statement for	egistered office			h, in the state of Florida		<u> 1000 </u>	
SIGNATURE FERREN L WORR Signature, speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DA						21 01 DATE		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS			11.			ANGES TO OFFICERS		V 10
TITLE NAME	PD SEVRANSKY, WILLIAM	☐ Delete	TITLE NAME		tcr=Sec ransky.	:/Treas William	**************************************	☐ Addition
STREET ADDRESS	3285 NW 47 AVE	/>	STREET ADDRES	4		47 Ave		
CITY-ST-ZIP	COCONUT CREEK FL 33063	<u> </u>	CITY-ST-ZIP			eek, FL	33063	
TITLE NAME	DT   Zwirn, Stephen	Delete	TITLE NAME		ector- sse, Gr	egory	☐ Change	Addition
STREET ADDRESS	3450 NW 47 AVE	•	STREET ADDRES	s 332	0 him 4	7 Ave	0.0	
CITYESTEZIP	COCONUT CREEK FL 33063		CITY-ST-ZIP~		onut Cr	eek, FL	-33063	- Addition
TITLE NAME	DVP CUDDEBACK, CURTIS	☐ Delete	TITLE NAME		ector- ey, Pob	ert	☐ Change	Addition
STREET ADDRESS	831 LYONS RD #23102		STREET ADDRES		MM 0	47 Ave		
CITY-ST-ZIP	COCONUT CREEK FL 33063  DS	<b>17</b>	CITY-ST-ZIP	Coc	onut Cr	eer, FL 3	33063	-E7-4Jan-
TITLE . NAME	BUTTINO, MICHAEL	Delete	TITLË NAME		ector-P		☐ Change	**************************************
STREET ADDRESS	3259 NW 47 AVE		STREET ADDRES	s   Kru   332	pin, Ro 1 NW	hert 47 Ave		ļ
CITY-ST-ZIP	COCONUT CREEK FL 33063	<b>NO.</b>	CITY-ST-ZIP			eek, FL 3	330.63	
TITLE NAME	D Weith, Patrick	Delete	TITLE NAME	ŀ			☐ Change	☐ Addition
STREET ADDRESS	15D HALCYON DR		STREET ADDRES	s		•		Į
CITY-ST-ZIP	WEST YARMOUTH MA 02673		CITY-ST-ZIP	<del></del>	<u> </u>			
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS			STREET ADORES	is				
CITY-ST-ZIP			CITY-ST-ZIP					1

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 duylee 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:

EQUIRED

2/16/01

Daytime Phone #

Date