


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90006 022 \*\*\*\*61.25

<b>DOCUMENT # N07493</b>					
1. Entity Name KARANDA VILLAGE V CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business GOLDMAN, JUDA, & MARTIN 8211 W BROWARD STE PH 1 PLANTATION, FL 33324			Mailing Address GOLDMAN, JUDA, & MARTIN 8211 W BROWARD STE PH 1 PLANTATION, FL 33324		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent KATZMAN & KERR, PA 1501 NW 49 ST # 202 FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COIRO, PHILLIP			NAME	
STREET ADDRESS	3482 NW 47TH AVE COCONUT			STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 33063			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUPIN, ROB			NAME	
STREET ADDRESS	3321 NW 47TH AVE			STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 33063			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOMSKI, TONY			NAME	
STREET ADDRESS	3246 NW 47TH AVE			STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 33063			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, CHERYL			NAME	
STREET ADDRESS	3316 NW 47TH AVE			STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 33063			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATTANZI, DINO			NAME	
STREET ADDRESS	3394 NW 47TH AVE			STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 33063			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 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: <i>Phillip J Coiro Jr</i>				Date: <i>1/11/05</i> Daytime Phone #: <i>954-592-5538</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<i>PHILLIP J COIRO JR</i>					

50002529



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2502042 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required