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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N10536 (3)

1. Corporation Name

KARANDA VILLAGE VII CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

Mailing Address

6289 W. SUNRISE BLVD. STE 202
SUNRISE FL 33313

6289 W. SUNRISE BLVD. STE 202
SUNRISE FL 33313-6154

3. Date Incorporated or Qualified
08/02/1985

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 40 Summit Property Mgmt

25 40 Summit Property Mgmt

22 Suite, Apt. #, etc.
PO Box 189013

27 Suite, Apt. #, etc.
PO Box 189013

23 City & State
PLANTATION, FLA

28 City & State
PLANTATION, FLA

24 Zip
33318

29 Zip
33318

25 Country
USA

30 Country
USA

4. FEI Number
59-2524191

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMIT PROPERTY MANAGEMENT, INC
6289 W. SUNRISE BLVD, STE 202
SUNRISE FL 33313

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4450 W. SUNRISE BLVD

83 C-100

84 City
PLANTATION

FL

85 Zip Code
33313

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 *Gail H. Sangunett*

Gail H. Sangunett, V.P. - Administration

2/18/97

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME TD
CANTONE, PETER
STREET ADDRESS 4113 CARAMBOLA CIRCLE SOUTH
CITY - ST - ZIP COCONUT CREEK FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE ☐ DELETE
NAME SD
FELD, SAMUEL
STREET ADDRESS 4100 CARAMBOLA CIRCLE
CITY - ST - ZIP COCONUT CREEK FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE ☐ DELETE
NAME D
ABRAMSKY, NORMAN
STREET ADDRESS 4119 CARAMBOLA CIRCLE SOUTH
CITY - ST - ZIP COCONUT CREEK FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE
NAME PD
HARRIS, ABNER
STREET ADDRESS 4109 CARAMBOLA CIRCLE S.
CITY - ST - ZIP COCONUT CREEK FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME D
RUBIN, SEYMOUR
STREET ADDRESS 4133 CARAMBOLA CIRCLE S
CITY - ST - ZIP COCONUT CREEK FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☒ DELETE
NAME D
MINTZ, GLADYS
STREET ADDRESS 4143 CARAMBOLA CIR S
CITY - ST - ZIP COCONUT CREEK FL

61 TITLE ☐ Change ☒ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
GOTTLIEB, MELVIN
4132 Carambola Circle So, F-104
Coconut Creek, FL

14. I do 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:

Abner Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debitline Phone # 0094778

Abner Harris 2-19-97 (954) 792-6000

CR2E037 (9/96)