


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

104

04-28-2004 90258 027 \*\*\*\*61.25

<b>DOCUMENT # N10536</b>	
<b>1. Entity Name</b>	
KARANDA VILLAGE VII CONDOMINIUM ASSOCIATION, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
C/O CASTLE GROUP PO BOX 139013 PLANTATION FL 33318 US	C/O CASTLE GROUP PO BOX 189013 PLANTATION FL 33318 US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Carambola Circle South	P.O. Box 189013
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Coconut Creek, FL	PLANTATION, FL
<b>Zip</b>	<b>Zip</b>
33066	33318
<b>Country</b>	<b>Country</b>

<b>4. FEI Number</b>	<b>Applied For</b>
59-2524191	Not Applicable
<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	

<b>6. Name and Address of Current Registered Agent</b>
CASTLE MANAGEMENT INC 4450 W SUNRISE BLVD C100 PLANTATION FL 33313

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> 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>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<b>TD</b> <input type="checkbox"/> Delete
<b>NAME</b>	CANTONE, PETER
<b>STREET ADDRESS</b>	4113 CARAMBOLA CIRCLE SOUTH
<b>CITY-ST-ZIP</b>	COCONUT CREEK FL
<b>TITLE</b>	<b>SD</b> <input type="checkbox"/> Delete
<b>NAME</b>	FELD, SAMUEL
<b>STREET ADDRESS</b>	4100 CARAMBOLA CIRCLE
<b>CITY-ST-ZIP</b>	COCONUT CREEK FL
<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> Delete
<b>NAME</b>	WICKS, MILDRED
<b>STREET ADDRESS</b>	4144 CARAMABOLA CIRCLE SOUTH
<b>CITY-ST-ZIP</b>	COCONUT CREEK FL 33313
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete
<b>NAME</b>	HARRIS, ABNER
<b>STREET ADDRESS</b>	4109 CARAMBOLA CIRCLE S.
<b>CITY-ST-ZIP</b>	COCONUT CREEK FL
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	LEVY, BOB
<b>STREET ADDRESS</b>	4144 CARAMABOLA CIRCLE SOUT
<b>CITY-ST-ZIP</b>	COCONUT CREEK FL 33313
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	GOTTLIEB, MELVIN
<b>STREET ADDRESS</b>	4132 CARAMBOLA CIR S, F104
<b>CITY-ST-ZIP</b>	COCONUT CREEK FL

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	D Pollack, Rita
<b>STREET ADDRESS</b>	4100 Carambola Circle South
<b>CITY-ST-ZIP</b>	Coconut Creek, FL 33066
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** Abner Harris - PRES. **4-12-04** **954-968-3540**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**