

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N00903

Entity Name: KARANDA VILLAGE II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O CASTLE GROUP
12270 SW 3RD STREET
PLANTATION, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

C/O CASTLE GROUP
P O BOX 559009
FORT LAUDERDALE, FL 333559009 US

New Mailing Address:

FEI Number: 59-2376932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUBLINE, FAYE
Address: 4301 CARAMBOLA CIRCLE SOUTH
City-St-Zip: COCONUT CREEK, FL 33066

Title: VD () Delete
Name: ROSS, PATRICIA
Address: 4455 CARAMBOLA CIRCLE SOUTH
City-St-Zip: COCONUT CREEK, FL 33066

Title: SD () Delete
Name: SNOW, FAYE
Address: 4131 CARAMBOLA CIR S
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD () Delete
Name: LIPPMAN, GLORIA
Address: 4357 CARAMBOLA CIRCLE SOUTH
City-St-Zip: COCONUT CREEK, FL 33066

Title: D () Delete
Name: HURWITZ, NADINE
Address: 4353 CARAMBOLA CIRCLE S
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DUNHAM, MYRNA
Address: 4481 CARAMBOLA CIR, SOUTH
City-St-Zip: COCONUT CREEK, FL 33066

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. DONNELLY

MGR

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date