FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED
MAY

DOCUMENT # N03971 (1)

1. Corporation Name

KARANDA VILLAGE III CONDOMINIUM ASSOCIATION, INC

300001498663
-05/24/95--01032--021
DO NOT WRITE ABOVE THIS LINE *130.00

Principal Place of Business	Mailing Address
6289 W. SUNRISE BLVD., SUITE 202 SUNRISE FL 33313	6289 W. SUNRISE BLVD., SUITE 202 SUNRISE FL 33313

3. Date Incorporated or Qualified: 06/28/1984
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-2436531 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 20815 NE 16th Ave.	26 20815 NE 16th Ave.
Suite, Apt. #, etc 22 B-14	Suite, Apt. #, etc 27 B-14
City & State 23 NORTH MIAMI, FLORIDA	City & State 28 NORTH MIAMI, FLORIDA
Zip 24 33179 Country 25 USA	Zip 29 33179 Country 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: IRV NACHMAN
82 Street Address (P.O. Box Number Not Acceptable): 4441 STIRLING ROAD.
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33314

11. Pursuant to the provisions of Section 607.0502 and 607.1508, 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. Each 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 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 5/16/95
(Signature Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	BERTAKIS, BARBARA A.	12 NAME	BLINDER, HAROLD
STREET ADDRESS	3952 D COCOPLUM CIRCLE	13 STREET ADDRESS	3955-C Cocoplum Circle
CITY ST ZIP	COCONUT CREEK LF	14 CITY ST ZIP	Coconut Creek, FL 33063
TITLE	VD	21 TITLE	VD ☐ Change ☐ Addition
NAME	SHAPIRO, BARBARA	22 NAME	SHAPIRO, BARBARA
STREET ADDRESS	3809 COCOPLUM CIRCLE	23 STREET ADDRESS	3809 Cocoplum Circle
CITY ST ZIP	COCONUT CREEK SL	24 CITY ST ZIP	Coconut Creek, FL 33063
TITLE	STD	31 TITLE	SD ☐ Change ☒ Addition
NAME	BLINDER, HAROLD	32 NAME	PIETRONICCO, PASQUALE
STREET ADDRESS	3919 COCOPLUM CIRCLE	33 STREET ADDRESS	3952-D Cocoplum Circle
CITY ST ZIP	COCONUT CREEK FL	34 CITY ST ZIP	Coconut Creek, FL 33063
TITLE	D	41 TITLE	TD ☒ Change ☐ Addition
NAME	PITTERMAN, LENNY	42 NAME	PITTERMAN, LEONARD
STREET ADDRESS	3957-B COCOPLUM CIRCLE	43 STREET ADDRESS	3957-B Cocoplum Circle
CITY ST ZIP	COCONUT CREEK FL	44 CITY ST ZIP	Coconut Creek, FL 33063
TITLE	D	51 TITLE	D ☐ Change ☒ Addition
NAME	O'NEIL, JOHN	52 NAME	ARMOR, RODNEY
STREET ADDRESS	3967 A COCOPLUM CIRCLE	53 STREET ADDRESS	3964-C Cocoplum Circle
CITY ST ZIP	COCONUT CREEK FL	54 CITY ST ZIP	Coconut Creek, FL 33063
TITLE	D	61 TITLE	D ☐ Change ☒ Addition
NAME	PETRILLO, PASQUALE	62 NAME	HAMILTON, BARBARA
STREET ADDRESS	3967 G. COCOPLUM CIRCLE	63 STREET ADDRESS	3863 Cocoplum Circle
CITY ST ZIP	COCONUT CREEK FL	64 CITY ST ZIP	Coconut Creek, FL 33063

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: HAROLD BLINDER X [signature] 3-17-95 (305)945-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0000959