FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N03971** **(1)**

1. Corporation Name

KARANDA VILLAGE III CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
20815 NE 16TH AVE. SUITE B-14 NORTH MIAMI FL 33179	20815 NE 16TH AVE. SUITE B-14 NORTH MIAMI FL 33179

3. Date Incorporated or Qualified: **06/28/1984**	3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2436531**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

NACHMAN, IRV
4441 STIRLING RD.
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLINDER, HAROLD		1.2 NAME		
STREET ADDRESS	3955-C COCOPLUM CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK LF 33063		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHAPIRO, BARBARA		2.2 NAME		
STREET ADDRESS	3809 COCOPLUM CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK SL 33063		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PIETRONICCO, PASQUALE		3.2 NAME		
STREET ADDRESS	3952-D COCOPLUM CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33063		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PITTERMAN, LEONARD		4.2 NAME		
STREET ADDRESS	3957-B COCOPLUM CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33063		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ARMOR, RODNEY		5.2 NAME		
STREET ADDRESS	3964-C COCOPLUM CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33063		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HAMILTON, BARBARA		6.2 NAME		
STREET ADDRESS	3863 G. COCOPLUM CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33063		6.4 CITY-ST-ZIP		

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)(k), 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: Leonard Pitterman 1/20/93 954 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)