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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03971

1. Corporation Name

KARANDA VILLAGE III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~CREST PROPERTY MGMT.~~ ~~4700 Hiatus Road~~ ~~Sunrise, FL 33351~~	~~CREST PROPERTY MGMT.~~ ~~4700 Hiatus Road~~ ~~Sunrise, FL 33351~~

03/10/99 90047 027 61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 c/o Castle Group	26 c/o Castle Group	06/28/1984
Suite Apt. # etc. 22 P.O. Box 189013	Suite Apt. # etc. 27 P.O. Box 189013	4. FEI Number 59-2436531 ☐ Applied For ☐ Not Applicable
City & State 23 Plantation, FL	City & State 28 Plantation, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 33318 Country 25 USA	Zip 29 33318 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~BAKALAR, SUSAN P.~~ ~~2240 SW 70th Avenue, Suite D~~ ~~Davie, FL 33317~~	81 Name Guy Shear Shir (SW) 82 Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A. 83 500 Australian Avenue South, 9th Floor 84 City West Palm Beach FL 85 Zip Code 33401

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MICHALIC, CAROL ~~Michale, Carol~~ 3966-B Cocoplum Circle Coconut Creek, FL 33063	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Michalic, Carol	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DeMasi, Joseph 3903 Cocoplum Circle Coconut Creek, FL 33063	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Telesca, John 3966-F Cocoplum Circle Coconut Creek, FL 33063	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Telesca, Mike 3964-H Cocoplum Circle Coconut Creek, FL 33063	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Usatch, Jerry 3951-D Cocoplum Circle Coconut Creek, FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Ferraro, Teresa 3911 Cocoplum Circle Coconut Creek, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Hamilton, Barbara 3863 Cocoplum Circle Coconut Creek, FL 33063	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	8/18/19	☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: X Carol Michalic Carol Michalic, President 6/30/99 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

7/19