

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03971

1. Entity Name

KARANDA VILLAGE III CONDOMINIUM ASSOCIATION, INC

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90011 020 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O CASTLE GROUP P.O. BOX 189013 PLANTATION FL 33318	C/O CASTLE GROUP P.O. BOX 189013 PLANTATION FL 33318-9013

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-2436531	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SHIR, GUY
BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVENUE SOUTH, 9TH FLOOR
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	MICHALIC, CAROL	
STREET ADDRESS	3966-B COCOPLUM CIR	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	VPD	☐ Delete
NAME	DEMASI, JOSEPH	
STREET ADDRESS	3903-A COCOPLUM CIR	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	TD	☐ Delete
NAME	TELESCA, JOHN	
STREET ADDRESS	3966-F COCOPLUM CIR	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	D	☐ Delete
NAME	TELESCA, MIKE	
STREET ADDRESS	3964-H COCOPLUM CIR	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	☐ Delete
NAME	FERRARO, TERESA	
STREET ADDRESS	3911 COCOPLUM CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	SD	☐ Delete
NAME	HAMILTON, BARBARA	
STREET ADDRESS	3863 G. COCOPLUM CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Carol Michalic Michalic, President 1/27/00 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #