

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Karanda Village III Con

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90096 029 ****61.25

DOCUMENT # N03971

1. Entity Name
KARANDA VILLAGE III CONDOMINIUM ASSOCIATION, INC



Principal Place of Business
**C/O CASTLE GROUP
P.O. BOX 189013
PLANTATION, FL 33318**

Mailing Address
**C/O CASTLE GROUP
P.O. BOX 189013
PLANTATION, FL 33318**

50050072



2. Principal Place of Business

C/O CASTLE GROUP

Suite, Apt. #, etc.

12270 SW 3RD STREET

City & State

PLANTATION, FL

Zip

33325

Country

3. Mailing Address

C/O CASTLE GROUP

Suite, Apt. #, etc.

P.O. BOX 559009

City & State

FT. LAUDERDALE, FL

Zip

33355-9009

Country

03082005

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2436531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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 **SHIR, GUY**

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

KAHAN & ASSOCIATES

1800 NW CORPORATE BLVD

City

BOCA RATON

FL

Zip Code
33431

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SYKOFF, GERALD**
STREET ADDRESS **3961- E COCO PLUM CR**
CITY- ST- ZIP **COCONUT CREEK, FL 33063**

TITLE **SD** ☒ Delete
NAME **LYDTING, DENNIS**
STREET ADDRESS **13967 D COCCPLUM CIR.**
CITY- ST- ZIP **POMPANO BEACH, FL 33063**

TITLE **VD** ☐ Delete
NAME **TELESCA, MICHAEL**
STREET ADDRESS **3964 H COCOPLUM CIR.**
CITY- ST- ZIP **POMPANO BEACH, FL 33063**

TITLE **D** ☐ Delete
NAME **SIANO, FRANK**
STREET ADDRESS **3962 E COCOPLUM CIR.**
CITY- ST- ZIP **POMPANO BEACH, FL 33063**

TITLE **D** ☐ Delete
NAME **PASQUALE, PETRILLO**
STREET ADDRESS **3967-G COCOPLUM CIRCLE**
CITY- ST- ZIP **POMPANO BEACH, FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **SD** ☐ Change ☒ Addition
NAME **SARNELL, MARION**
STREET ADDRESS **3953-C COCOPLUM CIRCLE**
CITY- ST- ZIP **COCONUT CREEK, FL 33063**

TITLE **TD** ☐ Change ☒ Addition
NAME **DEMTY, SAMUEL**
STREET ADDRESS **3747-F COCOPLUM CIRCLE**
CITY- ST- ZIP **COCONUT CREEK, FL 33063**

TITLE **D** ☐ Change ☒ Addition
NAME **TELESCA, JOHN**
STREET ADDRESS **3966-F COCOPLUM CIRCLE**
CITY- ST- ZIP **COCONUT CREEK, FL 33063**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #