

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

FILED

08 APR 29 PM 2: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

66007096



<b>DOCUMENT # N03971</b>			
1. Entity Name <b>KARANDA VILLAGE III CONDOMINIUM ASSOCIATION, INC</b>			
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD ST FORT LAUDERDALE, FL 33325		Mailing Address C/O CASTLE GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 33355-9009	
2. Principal Place of Business - No P.O. Box # <b>(CORRECT ADDRESS ONLY)</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>PLANTATION, FL</b>		City & State	
Zip <b>33325</b>	Country	Zip	Country
4. FEI Number <b>59-2436531</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SHIR, GUY KAHAN &amp; ASSOCIATES 1800 NW CORPORATE BLVD BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.		DATE	
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		<b>\$5.00 May Be Added to Fees</b>	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D SYKOFF, GERALD 3961- E COCO PLUM CR COCONUT CREEK, FL 33063	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P DEMTY, SAMUEL 3747-F COCOPLUM CIRCLE COCONUT CREEK, FL 33063	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD TELESCA, MICHAEL 3964 H COCOPLUM CIR. POMPANO BEACH, FL 33063	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD LIEBOVITZ, RAY 3958-C COCOPLUM CIRCLE COCONUT CREEK, FL 33066	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D CESTARO, PAT 3899 COCOPLUM CIRCLE COCONUT CREEK, FL 33066	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD BYNUM, PAUL 3951-A COCOPLUM CIRCLE COCONUT CREEK, FL 33066	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Daniel B. Glick</u>		DATE: <u>4/1/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>951-9736174</u>	