## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03971

FILED Apr 21, 2009 Secretary of State

Entity Name: KARANDA VILLAGE III CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
C/O CASTLE GROUP 12270 SW 3RD ST PLANTATION, FL 33325			1323 LYONS ROA	C/O TRANSCONTINENTAL MGMT 1323 LYONS ROAD COCONUT CREEK, FL 33063	
Current Mailing Address:				New Mailing Address:	
	_		_		
C/O CASTLE GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 333559009		C/O TRANSCONTINENTAL MGMT 1323 LYONS ROAD COCONUT CREEK, FL 33063			
El Number	r: 59-2436531	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Addre	ss of New Registered Agent:	
1800 NW BOCA RA	ASSOCIATES CORPORATE TON, FL 3343	1 US		hanned office on the second on the second of	
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its regis	tered office or registered agent, or both	
SIGNATU					
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Fitle: Name: Address: City-St-Zip:	D () SYKOFF, GERA 3961- E COCO COCONUT CRE	PLUM CR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	PD () GLICK, DAN 3921 COCOPLU COCONUT CRE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	TELESCA, MICI 3964 H COCOP		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Address: City-St-Zip:	1 OWN 7 WO DEF				
	SD () SPALLINA, AND 3950-C COCOF	PLUM CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip: Fitle: Jame: Address:	SD () SPALLINA, AND 3950-C COCOF COCONUT CRE	DREA PLUM CIRCLE EEK, FL 33066  Delete JM CIRCLE	Name: Address: City-St-Zip: Title: D Name: SCHW Address: 3950-E	( ) Change ( ) Addition  (X) Change ( ) Addition  ARTZMAN, MARVIN  COCOPLUM CIRCLE  NUT CREEK, FL 33066	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN GLICK

PD 04/21/2009