

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

6/18

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

06-18-2004 90003 023 \*\*\*\*61.25

DOCUMENT # **N07493**

1. Entity Name  
**Karanda Village V Condo Assoc., Inc.**  
**c/o Goldman, Judd + Martin PA**  
**8211 W. Broward Blvd. Plantation, FL 33324**



**DO NOT WRITE IN THIS SPACE**

**66430977**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**GOLDMAN, JUDD + MARTIN**  
Suits, Apt. #, etc.  
**8211 W. BROWARD, STE. PH1**  
City & State  
**PLANTATION, FL 33324**  
Zip  
**33324** Country  
**USA**

3. Mailing Address  
**GOLDMAN, JUDD + MARTIN**  
Suits, Apt. #, etc.  
**8211 W. BROWARD, STE. PH1**  
City & State  
**PLANTATION, FL 33324**  
Zip  
**33324** Country  
**USA**

4. FEI Number  
**59-2502042**

Applied For  
☐ No: Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**KATZMAN, E. KURT, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**1501 NW 49 STREET, JOE**

City  
**Ft. Lauderdale** FL Zip Code  
**33309**

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  **7/27/04** DATE

Signature, typed or printed name of registered agent and title acceptable. (NOTE: Registered Agent signature required when reissuing.)

10. OFFICERS AND DIRECTORS

11. Fee is \$61.25 Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

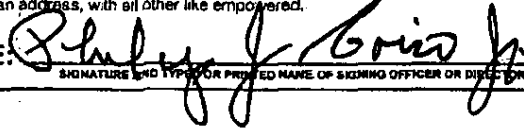
Make Check Payable to  
Florida Department of State

|                |                                          |
|----------------|------------------------------------------|
| TITLE          | President                                |
| NAME           | Phillip Goiro                            |
| STREET ADDRESS | 3482 NW 47th Ave Coconut Creek, FL 33063 |
| CITY-ST-ZIP    |                                          |
| TITLE          | Vice President                           |
| NAME           | Rob Krupin                               |
| STREET ADDRESS | 3321 NW 47th Ave Coconut Creek, FL 33063 |
| CITY-ST-ZIP    |                                          |
| TITLE          | Treasurer                                |
| NAME           | Tony Glomski                             |
| STREET ADDRESS | 3246 NW 47th Ave Coconut Creek, FL 33063 |
| CITY-ST-ZIP    |                                          |
| TITLE          | Secretary                                |
| NAME           | Cheryl Hoffman                           |
| STREET ADDRESS | 3316 NW 47th Ave Coconut Creek, FL 33063 |
| CITY-ST-ZIP    |                                          |
| TITLE          | Director                                 |
| NAME           | Dino Lattanzi                            |
| STREET ADDRESS | 3394 NW 47th Ave Coconut Creek, FL 33063 |
| CITY-ST-ZIP    |                                          |
| TITLE          |                                          |
| NAME           |                                          |
| STREET ADDRESS |                                          |
| CITY-ST-ZIP    |                                          |

**DO NOT WRITE IN THIS SPACE**

CR2E0378 (12/02)

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 517, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR