

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90022 007 \*\*\*\*61.25

**DOCUMENT # N07493**

1. Entity Name  
**KARANDA VILLAGE V CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**A & M PARTNERS, INC  
3475 NORTH HIATUS ROAD  
SUNRISE, FL 33351**

Mailing Address  
**A & M PARTNERS, INC.  
3475 NORTH HIATUS ROAD  
SUNRISE, FL 33351**

2. Principal Place of Business - No P.O. Box #  
**The Continental Group, Inc**

3. Mailing Address  
**The Continental Group, Inc**

Suite, Apt. #, etc.  
**2950 N 28 Terrace**

City & State  
**Hollywood, FL**

Zip  
**33020**

Country  
**USA**

6. Name and Address of Current Registered Agent  
**A & M PARTNERS, INC.  
3475 NORTH HIATUS ROAD  
SUNRISE  
FL, FL 33351**

7. Name and Address of New Registered Agent  
Name  
**Becker + Poliakoff, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**2255 Glades Road, Ste 300E**

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 Anthony Glomski

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

DATE 1-24-08

**Filing Fee is \$61.25  
Due by May 1, 2008**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SCHNIEDER, STEVEN<br>3475 NORTH HIATUS ROAD<br>SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>PHELAN, SCOTT<br>3475 NORTH HIATUS ROAD<br>SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>PARANG, ALLAN<br>3475 NORTH HIATUS ROAD<br>SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BARZANO, RONALD<br>3475 NORTH HIATUS ROAD<br>SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                  |

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: Anthony Glomski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1-24-08

Date

40018444



01022008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2502042**

Applied For  
☐ Not Applicable

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

7. Name and Address of New Registered Agent  
Name  
**Becker + Poliakoff, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**2255 Glades Road, Ste 300E**

City  
**Boca Raton**

FL

Zip Code  
**33431**

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Florida Department of State**

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                  |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P D<br>GLOMSKI, ANTHONY<br>2950 N 28 TERRACE<br>Hollywood, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP D<br>LAZARUS, ROBERT<br>2950 N 28 TERRACE<br>Hollywood, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T D<br>RADIN, JOEL<br>2950 N 28 TERRACE<br>Hollywood, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S D<br>LANDSBERG, TERRY<br>2950 N 28 TERRACE<br>Hollywood, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>KRUPIN, ROBERT<br>2950 N 28 TERRACE<br>Hollywood, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |

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SIGNATURE: Anthony Glomski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1-24-08

Date