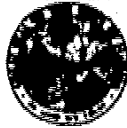


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 6:03

DOCUMENT # N07494 (0)

1. Corporation Name

KARANDA VILLAGE VI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O SUMMIT PROP. MANAGEMENT
P. O. BOX 189013
PLANTATION FL 33318**

**C/O SUMMIT PROP. MANAGEMENT
P. O. BOX 189013
PLANTATION FL 33318**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1985

3a. Date of Last Report

03/04/1994

4. FEI Number

59-2536484

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUMMIT PROPERTY MANAGEMENT, INC.
6289 W. SUNRISE BLVD.
SUITE 202
SUNRISE, 33313**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD**
NAME **SOMMERS, LARRY**
STREET ADDRESS **2857 NW 35 STREET**
CITY - ST - ZIP **COCONUT CREEK FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **FORUNATO, JAMES**
1.3 STREET ADDRESS **3781 NW 35 STREET**
1.4 CITY - ST - ZIP **COCONUT CREEK, FL**

TITLE **TD**
NAME **WERGELES, LEONARD**
STREET ADDRESS **3569 NW 35 STREET**
CITY - ST - ZIP **COCONUT CREEK FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **LEONARD MANN**
2.3 STREET ADDRESS **3779 NW 35 STREET**
2.4 CITY - ST - ZIP **COCONUT CREEK, FL**

TITLE **D**
NAME **RUBIN, DON**
STREET ADDRESS **3557 NW 35 STR**
CITY - ST - ZIP **COCONUT CREEK FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D**
NAME **ROTHSTEIN, MATTY**
STREET ADDRESS **3875 NW 35 STR**
CITY - ST - ZIP **COCONUT CREEK FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **VD**
NAME **BUCHER, RALPH PETE**
STREET ADDRESS **3777 NW 35 STREET**
CITY - ST - ZIP **COCONUT CREEK FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **PD**
NAME **SCHNEIDER, MEL**
STREET ADDRESS **3775 N.W. 35TH ST.**
CITY - ST - ZIP **COCONUT CREEK FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** **Leonard Wergeles** **LEONARD WERGELES** **3/3/95** **(3/5/95 - 200)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #