FILE NOW: FILING FEE IS $61.25

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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33318-9013

3. Date Incorporated or Qualified: 02/05/1985
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24: 33318
Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29: 33318
Country — 30

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

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

9. Name and Address of Current Registered Agent

SUMMIT PROPERTY MANAGEMENT, INC.
~~6990 W. SUNRISE BLVD.~~
~~SUITE 202~~
~~SUNRISE, 33313~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 4450 W SUNRISE BLVD

83: C-100

84 City: PLANTATION FL 85 Zip Code: 33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Gail H. Sangunett Gail H. Sangunett, V.P. - Administration 2/7/97
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SOMMERS, LARRY		1.2 NAME		
STREET ADDRESS	2857 NW 35 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WERGELES, LEONARD		2.2 NAME		
STREET ADDRESS	3569 NW 35 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RUBIN, DON		3.2 NAME		
STREET ADDRESS	3557 NW 35 STR		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROTHSTEIN, MATTY		4.2 NAME		
STREET ADDRESS	3875 NW 35 STR		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BUCHEL, RALPH PETE		5.2 NAME		
STREET ADDRESS	3777 NW 35 STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHNEIDER, MEL		6.2 NAME		
STREET ADDRESS	3775 N.W. 35TH ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Melvin Schneider Milton Schneider 2-19-97 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0036752