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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07494

1. Corporation Name

KARANDA VILLAGE VI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O CASTLE GROUP
P. O. BOX 189013
PLANTATION FL 33318
US

Mailing Address

C/O CASTLE GROUP
P. O. BOX 189013
PLANTATION FL 33318
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/05/1985

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

9. Name and Address of Current Registered Agent

CASLITE PROPERTY SERVICES GROUP INC
4450 W. SUNRISE BLVD.
SUITE C-100
PLANTATION FL 33313

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD - TD** ☐ DELETE
NAME **SOMMERS, LARRY**
STREET ADDRESS **2857 NW 35 STREET**
CITY-ST-ZIP **COCONUT CREEK FL 33066** ☒

TITLE **TD** ☒ DELETE
NAME **WERGELES, LEONARD**
STREET ADDRESS **3569 NW 35 STREET**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **D** ☐ DELETE
NAME **RUBIN, DON**
STREET ADDRESS **3557 NW 35 STR**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **D** ☐ DELETE
NAME **ROTHSTEIN, MATTY**
STREET ADDRESS **3875 NW 35 STR**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **VD** ☐ DELETE
NAME **BUHEL, RALPH PETE**
STREET ADDRESS **3777 NW 35 STREET**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **PD** ☐ DELETE
NAME **SCHNEIDER, MEL**
STREET ADDRESS **3775 N.W. 35TH ST.**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: **Mel Schneider, Pres.** 1/22/99 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)