

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N07494**

1. Entity Name

KARANDA VILLAGE VI CONDOMINIUM ASSOCIATION, INC.**FILED****Feb 11, 2002 8:00 am**
Secretary of State

02-11-2002 90046 012 ****61.25

0030378

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2536484**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTLE MANAGEMENT INC.
4450 W. SUNRISE BLVD.
SUITE C-100
PLANTATION FL 33313

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD.** ☐ Delete
NAME **SOMMERS, LARRY**
STREET ADDRESS **2857 NW 35 STREET**
CITY-ST-ZIP **COCONUT CREEK FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **TAGLIANETTI, JOHN P**
STREET ADDRESS **3699 NW 35TH STREET**
CITY-ST-ZIP **COCONUT CREEK FL 33066**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SCHARF, MANNY**
STREET ADDRESS **3779 NW 35 STREET**
CITY-ST-ZIP **COCONUT CREEK FL 33066**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **ROTHSTEIN, MATTY**
STREET ADDRESS **3875 NW 35 STR**
CITY-ST-ZIP **COCONUT CREEK FL 33066**TITLE **D** ☐ Change ☒ Addition
NAME **HOVISS, DAVID**
STREET ADDRESS **3801 NW 35 ST.**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **SCHNEIDER, MEL**
STREET ADDRESS **3775 N.W. 35TH ST.**
CITY-ST-ZIP **COCONUT CREEK FL 33066**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Melvin Schneider Pres. 1/17/02 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARTING PHONE #

CF2E037 (9/01)