FILED

2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 28, 2004 8:00 am Secretary of State DOCUMENT # N07494 1. Entity Name 04-28-2004 90244 016 ****61.25 KARANDA VILLAGE VI CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O CASTLE GROUP P. O. BOX 189013 PLANTATION FL 33318 C/O CASTLE GROUP P. O. BOX 189013 PLANTATION FL 33318 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E037 (11/03) -32 11 City & State Applied For City & State 4. FEI Number 59-2536484 Not Applicable Zip Country . Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTLE MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable) 4450 W. SUNRISE BLVD. 18th SUITE C-100 PLANTATION FL 33313 City 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Change TITLE ☐ Delete TITLE Addition SOMMERS, LARRY NAME NAME 2857 NW 35 STREET STREET ADDRESS STREET ADDRESS COCONUT CREEK FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition 🛣 TITLE TAGLIANETTI, JOHN P NAME NAME 3699 NW 35TH STREET STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33066 CITY - ST- ZIP CITY-ST-ZIP Addition Change ___ Delete TITLE IGNOTOFSKY, HAROLD NAME NAME 3647 NW 35 STREET STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33066 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition DDE TIT! F HOVISS, DAVID NAME NAME 3801 NW 35 ST STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33066 CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition BUCHEL, RALPH PETE NAME NAME **3777 NW 35 STREET** STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33066 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE SCHNEIDER, MEL NAME NAME 3775 N.W. 35TH ST. STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33066

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: