Karanda Village VI Cc

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90104 039 ****61.25

DOCUMENT # N07494

1. Entity Name
KARANDA VILLAGE VI CONDOMINIUM ASSOCIATION, INC.

14016264

Principal Place of Business	Mailing Address
C/O CASTLE GROUP P. O. BOX 189013 PLANTATION, FL 33318 US	C/O CASTLE GROUP P. O. BOX 189013 PLANTATION, FL 33318 US

03082005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
C/O CASTLE GROUP	C/O CASTLE GROUP
Suite, Apt. #, etc. 12270 SW 3RD STREET	Suite, Apt. #, etc. P.O. BOX 559009
City & State PLANTATION, FL	City & State FT. LAUDERDALE, FL
Zip / Country 33325	Zip / Country 33355-9009

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
PROCTOR, LLOYD W 400 S.E. 18TH ST. FORT LAUDERDALE, FL 33316	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SOMMERS, LARRY 2857 NW 35 STREET COCONUT CREEK, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAGANICO, VINCENT 3787 N.W. 35TH ST COCONUT CREEK, FL 33066	☒ Delete Off Board	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D D'ALESSANDRO, SALVATORE 3781 NW 35TH STREET COCONUT CREEK, FL 33066	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IGNOTOFSKY, HAROLD 3647 NW 35 STREET POMPANO BEACH, FL 33066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOVISS, DAVID 3801 NW 35 ST COCONUT CREEK, FL 33066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUCHEL, RALPH PETE 3777 NW 35 STREET COCONUT CREEK, FL 33066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHNEIDER, MEL 3775 N.W. 35TH ST. COCONUT CREEK, FL 33066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 4-26-05 (954) 972-6631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #