

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07494

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** KARANDA VILLAGE VI CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CASTLE GROUP  
12270 SW 3RD ST  
PLANTATION, FL 33318 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CASTLE GROUP  
PO BOX 559009  
FORT LAUDERDALE, FL 333259009 US

**New Mailing Address:**

**FEI Number:** 59-2536484

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PROCTOR, LLOYD W  
400 S.E. 18TH ST.  
FORT LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: BUCHEL, RALPH P  
Address: 3777 NW 35 STREET  
City-St-Zip: COCONUT CREEK, FL 33066

Title: PD  
Name: SCHNEIDER, MEL  
Address: 3775 N.W. 35TH ST.  
City-St-Zip: COCONUT CREEK, FL 33066

Title: SDTD  
Name: RECEVUTO, EUGENE  
Address: 3727 NW 35 STREET  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D  
Name: D'ALASSANDRO, SALVATORE  
Address: 3781 NW 35 STREET  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D  
Name: HOVISS, DAVID  
Address: 3801 NW 35 STREET  
City-St-Zip: COCONUT CREEK, FL 33066

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MEL SCHNEIDER

PRES

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date