

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 6:03

DOCUMENT # **N07494 (0)**

1. Corporation Name

KARANDA VILLAGE VI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SUMMIT PROP. MANAGEMENT
P. O. BOX 189013
PLANTATION FL 33318

C/O SUMMIT PROP. MANAGEMENT
P. O. BOX 189013
PLANTATION FL 33318

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/05/1985	3a. Date of Last Report 03/04/1994
4. FEI Number 59-2536484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMIT PROPERTY MANAGEMENT, INC.
6289 W. SUNRISE BLVD.
SUITE 202
SUNRISE, 33313

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOMMERS, LARRY	1.2 NAME	FORUNATO, JAMES
STREET ADDRESS	2857 NW 35 STREET	1.3 STREET ADDRESS	3781 NW 35 STREET
CITY - ST - ZIP	COCONUT CREEK FL	1.4 CITY - ST - ZIP	COCONUT CREEK, FL
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERGELES, LEONARD	2.2 NAME	LEONARD WERGELES
STREET ADDRESS	3569 NW 35 STREET	2.3 STREET ADDRESS	3779 NW 35 STREET
CITY - ST - ZIP	COCONUT CREEK FL	2.4 CITY - ST - ZIP	COCONUT CREEK, FL
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, DON	3.2 NAME	
STREET ADDRESS	3557 NW 35 STR	3.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHSTEIN, MATTY	4.2 NAME	
STREET ADDRESS	3875 NW 35 STR	4.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUHEL, RALPH PETE	5.2 NAME	
STREET ADDRESS	3777 NW 35 STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	5.4 CITY - ST - ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, MEL	6.2 NAME	
STREET ADDRESS	3775 N.W. 35TH ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT CREEK FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X Leonard Wergeles** **LEONARD WERGELES** **3/3/95** **(305)978-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)