


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

Karanda Village VI Cr

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90104 039 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N07494</b>  |  |
| 1. Entity Name<br><b>KARANDA VILLAGE VI CONDOMINIUM ASSOCIATION, INC.</b> |   |

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

14016264



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

03082005 Chg-NP CR2E037 (10/03)

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>PROCTOR, LLOYD W<br/>400 S.E. 18TH ST.<br/>FORT LAUDERDALE, FL 33316</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
|--|--|--|--|

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2536484 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

|  |                             |
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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>SOMMERS, LARRY<br>2857 NW 35 STREET<br>COCONUT CREEK, FL <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PAGANICO, VINCENT<br>3787 N.W. 35TH ST<br>COCONUT CREEK, FL 33066 <i>Remove from Board</i>         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>D'ALESSANDRO, SALVATORE<br>3781 NW 35TH STREET<br>COCONUT CREEK, FL 33066 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>IGNOTOFSKY, HAROLD<br>3647 NW 35 STREET<br>POMPAHO BEACH, FL 33066 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HOVISS, DAVID<br>3801 NW 35 ST<br>COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BUHEL, RALPH PETE<br>3777 NW 35 STREET<br>COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SCHNEIDER, MEL<br>3775 N.W. 35TH ST.<br>COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-26-05 954 947-6631*  
Date Daytime Phone #