


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90287 020 \*\*\*\*61.25

<b>DOCUMENT # N07494</b>					
1. Entity Name KARANDA VILLAGE VI CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD ST FORT LAUDERDALE, FL 33325 US			Mailing Address C/O CASTLE GROUP PO BOX 559009 FORT LAUDERDALE, FL 33325-9009 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2536484	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOMMERS, LARRY		NAME		
STREET ADDRESS	2857 NW 35 STREET		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PAGANICO, VINCENT		NAME	D	
STREET ADDRESS	3787 N.W. 35TH ST		STREET ADDRESS	RECEVUTO, EUGENE	
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP	3727 NW 35 STREET	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME	IGNOTOFOSKY, HAROLD		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	3647 NW 35 STREET		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33066		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change
NAME	HOVISS, DAVID		NAME	D'ALESSANDRO, SALVATORE	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	3801 NW 35 ST		STREET ADDRESS	3781 NW 35 STREET	
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME	BUHEL, RALPH PETE		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	3777 NW 35 STREET		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME	SCHNEIDER, MEL		NAME		<input type="checkbox"/> Addition
STREET ADDRESS	3775 N.W. 35TH ST.		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33066		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Lawrence Summers</i>		Date: 5/4/06		Daytime Phone #: 9549770614	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					