

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 02/05/1985	3a. Date of Last Report 04/03/1995
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

4. FEI Number 59-2536484	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	SOMMERS, LARRY
STREET ADDRESS	2857 NW 35 STREET
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	WERGELES, LEONARD
STREET ADDRESS	3569 NW 35 STREET
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RUBIN, DON
STREET ADDRESS	3557 NW 35 STR
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROTHSTEIN, MATTY
STREET ADDRESS	3875 NW 35 STR
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BUCHER, RALPH PETE
STREET ADDRESS	3777 NW 35 STREET
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	SCHNEIDER, MEL
STREET ADDRESS	3775 N.W. 35TH ST.
CITY-ST-ZIP	COCONUT CREEK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Melvin Schneider-PD* 3-27-96 (954) 972-1631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)