

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07494** (0)  
1. Corporation Name  
**KARANDA VILLAGE VI CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <del>C/O SUMMIT PROP. MANAGEMENT</del> P. O. BOX 189013 PLANTATION FL 33318 US	Mailing Address <del>C/O SUMMIT PROP. MANAGEMENT</del> P. O. BOX 189013 PLANTATION FL 33318 US
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3. Date Incorporated or Qualified <b>02/05/1985</b>		
4. FEI Number <b>59-2536484</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>c/o Castle Group</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>c/o Castle Group</b> Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country		
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent <del>SUMMIT PROPERTY MANAGEMENT, INC.</del> 4450 W. SUNRISE BLVD. SUITE C-100 PLANTATION FL 33313	10. Name and Address of New Registered Agent 81 Name <b>Castle Property Services Group, Inc.</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 *Gail H. Sangunett* **Gail H. Sangunett, Vice President - Administration** 1/6/98  
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMMERS, LARRY	1.2 NAME	
STREET ADDRESS	2857 NW 35 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERGELES, LEONARD	2.2 NAME	
STREET ADDRESS	3569 NW 35 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHER, 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 <input type="checkbox"/> DELETE	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 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 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: *Mel Schneider* **Mel Schneider, President** 1/6/98 (954) 792-6000

CR2E037 (10/97)