

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90058 023 ****61.25

905878



DO NOT WRITE IN THIS SPACE

DOCUMENT # N07494

1. Entity Name

KARANDA VILLAGE VI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CASTLE GROUP
 P. O. BOX 189013
 PLANTATION FL 33318
 US

C/O CASTLE GROUP
 P. O. BOX 189013
 PLANTATION FL 33318
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2536484

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTLE MANAGEMENT INC.
4450 W. SUNRISE BLVD.
SUITE C-100
PLANTATION FL 33313

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STD	<input type="checkbox"/> Delete
STREET ADDRESS	SOMMERS, LARRY	
CITY-ST-ZIP	2857 NW 35 STREET	
	COCONUT CREEK FL	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	SACCO, MIKE	
CITY-ST-ZIP	3865 NW. 35 ST	
	COCONUT CREEK FL 33066	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	RUBIN, DON	
CITY-ST-ZIP	3557 NW 35 STR	
	COCONUT CREEK FL 33066	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	ROTHSTEIN, MATTY	
CITY-ST-ZIP	3875 NW 35 STR	
	COCONUT CREEK FL 33066	
TITLE NAME	VD	<input type="checkbox"/> Delete
STREET ADDRESS	BUHEL, RALPH PETE	
CITY-ST-ZIP	3777 NW 35 STREET	
	COCONUT CREEK FL 33066	
TITLE NAME	PD	<input type="checkbox"/> Delete
STREET ADDRESS	SCHNEIDER, MEL	
CITY-ST-ZIP	3775 N.W. 35TH ST.	
	COCONUT CREEK FL 33066	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	TAGLIANETTI, John P.	
CITY-ST-ZIP	3699 NW 35th Street	
	Coconut Creek, FL 33066	
TITLE NAME	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Scharf, Manny	
CITY-ST-ZIP	3779 NW 35 Street	
	Coconut Creek, FL 33066	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mel Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Mel Schneider, President 1/27/01 (954) 792-6000**

Date

Daytime Phone #

CR2E037 (10/00)