

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90046 012 ****61.25

0030378

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

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

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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 33318

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

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	STD.	<input type="checkbox"/> Delete
NAME	SOMMERS, LARRY	
STREET ADDRESS	2857 NW 35 STREET	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAGLIANETTI, JOHN P	
STREET ADDRESS	3699 NW 35TH STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHARF, MANNY	
STREET ADDRESS	3779 NW 35 STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROTHSTEIN, MATTY	
STREET ADDRESS	3875 NW 35 STR	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUHEL, RALPH PETE	
STREET ADDRESS	3777 NW 35 STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, MEL	
STREET ADDRESS	3775 N.W. 35TH ST.	
CITY-ST-ZIP	COCONUT CREEK FL 33066	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOVISS, DAVID	
STREET ADDRESS	3801 NW 35 ST.	
CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Melvin Schneider Pres.* '1/7/02 (954) 792-6000

CF2E037 (9/01)