


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90170 030 \*\*\*\*61.25

**DOCUMENT # N07494**

1. Entity Name  
**KARANDA VILLAGE VI CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
C/O CASTLE GROUP  
P. O. BOX 189013  
PLANTATION FL 33318  
US

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

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

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>SOMMERS, LARRY</b> <input type="checkbox"/> Delete <b>2857 NW 35 STREET</b> <b>COCONUT CREEK FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TAGLIANETTI, JOHN P</b> <input type="checkbox"/> Delete <b>3699 NW 35TH STREET</b> <b>COCONUT CREEK FL 33066</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHARF, MANNY</b> <input checked="" type="checkbox"/> Delete <b>3779 NW 35 STREET</b> <b>COCONUT CREEK FL 33066</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOVISS, DAVID</b> <input type="checkbox"/> Delete <b>3801 NW 35 ST</b> <b>COCONUT CREEK FL 33066</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BUHEL, RALPH PETE</b> <input type="checkbox"/> Delete <b>3777 NW 35 STREET</b> <b>COCONUT CREEK FL 33066</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SCHNEIDER, MEL</b> <input type="checkbox"/> Delete <b>3775 N.W. 35TH ST.</b> <b>COCONUT CREEK FL 33066</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>IGNOFFSKY, HAROLD</b> <b>3647 NW 35 STREET</b> <b>COCONUT CREEK, FL 33066</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: W. Schneider **SIGNATURE REQUIRED Mel Schneider, President 1/17/03 (954) 792-6000**

CR2E037 (10/02)