


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 764429</b> 1. Entity Name <b>CYPRESS LAKES HOMEOWNERS ASSOCIATION VI, INC.</b>					
Principal Place of Business <b>3445 CYPRESS TRAIL WEST PALM BEACH FL 33417</b>			Mailing Address <b>5404 GLENDA STREET WEST PALM BEACH FL 33417 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2617898</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PASQUALE, MARESCA 5404 GLENDA STREET WEST PALM BEACH FL 33417</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		<b>FL</b>
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 re-registering) _____ DATE _____					



1st MOORE CR2E037 (10/05)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P PASQUALE, MARESCA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASQUALE, MARESCA	NAME	
STREET ADDRESS	5404 GLENDA STREET	STREET ADDRESS	U00000481041
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	04/11/06-80015-020 61.25
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
TITLE	VPD CHIARAMONTE, MARY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIARAMONTE, MARY	NAME	
STREET ADDRESS	5440 GLENDA STREET	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
TITLE	SD MCDONALD, JANICE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, JANICE	NAME	
STREET ADDRESS	5374 GLENDA ST.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
TITLE	TD MCDONALD, JANICE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, JANICE	NAME	
STREET ADDRESS	5374 GLENDA STREET	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Pasquale Maresca* PASQUALE MARESCA Date 3/22/06 561-471-4035