

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 03, 2009  
Secretary of State**

DOCUMENT# 764429

Entity Name: CYPRESS LAKES HOMEOWNERS ASSOCIATION VI, INC.

**Current Principal Place of Business:**

3445 CYPRESS TRAIL  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

5404 GLENDA STREET  
WEST PALM BEACH, FL 33417 US

**New Mailing Address:**

FEI Number: 59-2617898      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PASQUALE, MARESCA  
5404 GLENDA STREET  
WEST PALM BEACH, FL 33417 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: SCHWARTZMAN, SARAH  
Address: 5397 GLENDA ST  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: P ( ) Delete  
Name: CHIARAMONTE, MARY  
Address: 5440 GLENDA STREET  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SD ( ) Delete  
Name: MCDONALD, JANICE R  
Address: 5374 GLENDA ST.  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: TD ( ) Delete  
Name: GERALDINE, MARESCA  
Address: 5410 GLENDA ST  
City-St-Zip: WEST PALM BEACH, FL 33417

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE R. MCDONALD

SD

03/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date