

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 767919**  
 1. Entity Name  
**LAKE ARBOR VILLAGE HOMEOWNER'S ASSOCIATION  
 UNIT SIX, INC.**



Principal Place of Business PO BOX 171267 HIALEAH, FL 33017	Mailing Address PO BOX 171267 HIALEAH, FL 33017
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Jun 12, 2008 08:00 AM**  
 Secretary of State



05122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2693715	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 BERRIOS, SANDRA  
 RELIABLE PROPERTY MANAGEMENT  
 18590 NW 67 AVE. STE 200B  
 HIALEAH, FL 33015

**DO NOT WRITE  
 IN THIS SPACE**

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

**Filing Fee Is \$61.25  
 Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLENDALE, LEONARD 19450 NW. 51ST PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVAREZ, NORAH 19448 N.W. 51ST PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, MARVIN 5053 NW 195 LANE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000953043  
 06/12/08-80001-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Leonard Glendale* 5-13-08 (305) 978-8293  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #