
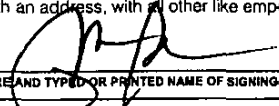


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90173 038 ****61.25

DOCUMENT # N02000000109					
1. Entity Name SHERWOOD VI, INC.					
Principal Place of Business VALERIE WAY NAPLES, FL 34104		Mailing Address 745-12TH AVENUE SOUTH SUITE AA NAPLES, FL 34102			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0690326	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOORE PROPERTY MANAGEMENT, INC. 745-12TH AVE. SOUTH, STE AA NAPLES, FL 34102			Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDY, ROBERT P		NAME		
STREET ADDRESS	3692 STRAND CT., STE. 3		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 33110		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, KATHY		NAME		
STREET ADDRESS	3096 TAMIAMI TRAIL N., #8		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GODE, LARRY		NAME		
STREET ADDRESS	5672 STRAND CT., STE. 3		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	P BRUCE KANE	
STREET ADDRESS			STREET ADDRESS	421 VALERIE WAY - 204	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Addition
NAME			NAME	T COLEMAN MCDONOUGH	
STREET ADDRESS			STREET ADDRESS	431 VALERIE WAY - 203	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
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 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: _____				4-22-06 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	