


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

04-30-2004 90252 017 ****61.25

DOCUMENT # N03000003345
 1. Entity Name
 L.V.O.P. 6 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 395 COMMERCIAL CT STE A
 VENICE, FL 34292

Mailing Address
 395 COMMERCIAL CT STE A
 VENICE, FL 34292

66424530



2. Principal Place of Business
 333 S. Tamiami Trail
 Suite, Apt. #, etc.
 Suite 101

3. Mailing Address
 333 S. Tamiami Trail
 Suite, Apt. #, etc.
 Suite 101

01152004 Chg-NP CR2E037 (10/03)

City & State
 Venice, FL

City & State
 Venice, FL

Zip Country
 34285

Zip Country
 34285

4. FEI Number
 65-1181122

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MILLER, MICHAEL W
 395 COMMERCIAL CT STE A
 VENICE, FL 34292

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 _____ 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 May 1, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PARRISH, JAYNE E 395 COMMERCIAL CT STE A VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD - Parrish, Jayne S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Tamiami Trail, Suite 101 Venice, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, MICHAEL W 395 COMMERCIAL CT STE A VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD - Miller, Michael W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Tamiami Trail, Suite 101 Venice, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DISTEFANO, PAUL 395 COMMERCIAL CT STE A VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD - DiStefano, Paul <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Tamiami Trail, Suite 101 Venice, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 employees.

SIGNATURE: _____ Date: 4/27/04 Daytime Phone #: 941-441-1380