

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005317

Entity Name: THE BULL RUN UNIT VI HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 12, 2020
Secretary of State
3929352877CC

Current Principal Place of Business:

1615 VILLAGE SQUARE BLVD., STE 3
TALLAHASSEE, FL 32309

Current Mailing Address:

1615 VILLAGE SQUARE BLVD., STE 3
TALLAHASSEE, FL 32309 US

FEI Number: 47-1034932

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MY HOA SERVICES, LLC
1615 VILLAGE SQUARE BLVD., STE 3
TALLAHASSEE, FL 32309 US

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

Officer/Director Detail :

Title DIRECTOR
Name COOK, KERRY
Address 5842 DAHLGREN TRAIL
City-State-Zip: TALLAHASSEE FL 32312

Title DV
Name PATEL, DIVYESH
Address 2522 DAHLGREN CT
City-State-Zip: TALL. FL 32312

Title DS
Name ROMANO, JOSEPH N
Address 2527 DAHLGREN CT
City-State-Zip: TALL. FL 32312

Title DT
Name SZORCSIK, CHRISTAL
Address 5805 DAHLGREN TRAIL
City-State-Zip: TALL. FL 32312

Title PRESIDENT, DIRECTOR
Name TRYON, LYN
Address 5863 DAHLGREN TRAIL
City-State-Zip: TALL. FL 32312

Title AUTHORIZED REPRESENTATIVE
Name CARLSON, KATHY
Address 1615 VILLAGE SQUARE BLVD., STE 3
City-State-Zip: TALLAHASSEE FL 32309

I hereby 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 all other like empowered.

SIGNATURE: CARLSON, KATHY

AR

03/12/2020

Electronic Signature of Signing Officer/Director Detail

Date