

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005317

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

**FILED**  
**Mar 11, 2021**  
**Secretary of State**  
**6140339364CC**

**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: KATHY CARLSON**

**AUTHORIZED REP**

**03/11/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date