

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005317

Entity Name: THE BULL RUN UNIT VI HOMEOWNERS ASSOCIATION, INC.**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 DS
Name SCHWARTZ, JENNIFER
Address 5851 DAHLGREN TRAIL
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

Title DIRECTOR
Name WOOTAN, LISA
Address 5859 DAHLGREN TRAIL
City-State-Zip: TALLAHASSEE FL 32312

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

AR

03/16/2023

Electronic Signature of Signing Officer/Director Detail

Date