
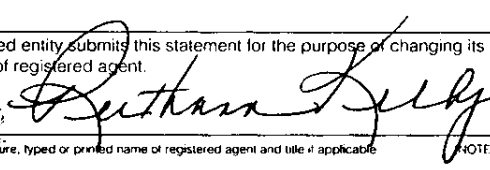
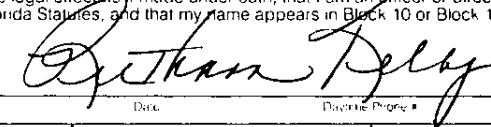


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90002 016 \*\*\*\*61.25

<b>DOCUMENT # 708022</b> 1. Entity Name <b>MARK SIX APARTMENTS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>3855 SO. CIRCLE DRIVE #1 HOLLYWOOD, FL 33021</b>		Mailing Address <b>3855 SO. CIRCLE DRIVE #1 HOLLYWOOD, FL 33021</b>	
2. Principal Place of Business - No P.O. Box # <b>3855 S. Circle Dr. #6</b>		3. Mailing Address <b>3855 S. Circle Dr. #6</b>	
Suite, Apt. #, etc. <b>Unit #6</b>		Suite, Apt. #, etc. <b>Unit #6</b>	
City & State <b>Hollywood, FL 33021</b>		City & State <b>Hollywood, FL 33021</b>	
Zip	Country	Zip	Country
		4. FEI Number <b>59-1119131</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EARNEY, LINDA 3855 S CIRCLE DR #1 HOLLYWOOD, FL 33021</b>		7. Name and Address of New Registered Agent Name <b>Ruthann Kelly</b> Street Address (P.O. Box Number is Not Acceptable) <b>3855 S. Circle Dr. #6</b> <b>Hollywood, FL 33021</b> City <b>FL</b> 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 		<b>Ruthann Kelly</b> <b>3-22-07</b> <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>NOTE: Registered Agent signature required when reappointing</small> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>STD EARNEY, LINDA 3855 S CIRCLE DRIVE #1 HOLLYWOOD, FL 00000,</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VPD Kamla Bhairy 3855 S. Circle Dr. #2 Hollywood, FL 33021</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD BISBALL, JESUS P 3855 S. CIRCLE DR. #5 HOLLYWOOD, FL 33021</b>	<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 <b>VD KELLY, RUTH ANN 3855 S CIR DR #6 HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>STD</b>	<input checked="" 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
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 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: <b>954-964-0075</b> <b>3-22-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		 <b>RUTHANN KELLY</b> <small>DATE</small> <small>Printed Name</small>	

40041935



01222007 Chg-NP CR2E037 (12/06)