


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90019 046 ****61.25

DOCUMENT # 713667					
1. Entity Name SIXTH FORUM CONDOMINIUM CORP., INC. (A CONDOMINIUM ASSOCIATION)					
Principal Place of Business 1300 N.E 191ST ST NO. MIAMI BCH, FL 33179			Mailing Address 1300 N.E 191ST ST NO. MIAMI BCH, FL 33179		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1234031	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLELLA, MARGARET Z ESQ ATKINSON, DINER, STONE, ET AL 100 S.E. THIRD AVENUE, SUITE 1400 FT. LAUDERDALE, FL 33394			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P NAME ROW, MARILYN E STREET ADDRESS 1300 N.E 191ST ST CITY-ST-ZIP NO. MIAMI BCH, FL 33179	<input type="checkbox"/> Delete		TITLE NAME JIM METZ STREET ADDRESS 5861 N.W. 38 STREET CITY-ST-ZIP MIAMI SPRINGS, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME DALL, DAVE STREET ADDRESS 1300 NE 191 ST STREET CITY-ST-ZIP MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME KALACHNIKOV, IGOR STREET ADDRESS 1300 NE 191 ST STREET CITY-ST-ZIP MIAMI, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME FLATTEN, JUDY STREET ADDRESS 5861 NW 38 STREET CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160	<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: <u>Marilyn E Row</u>			1/12/07		(305) 944-6731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #