2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2008 8:00 am Secretary of State

DOCUMENT # 717418 1. Entity Name BEVERLY HILLS CONDOMINIUM NUMBER SIX, INC.				01-25-2000	8 90006 026 ***	101.23
Principal Place of Business 5300 WASHINGTON STREET K-225 HOLLYWOOD, FL 33021 US	K-225	5300 WASHINGTON STREET				
Principal Place of Business - No P.O. Box #	3. Mailing Address					
			(1881) 1887) 1	1911 16917 BIBU 17897 FU	oli afsii siali giafi bibli sfafi	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01212008	Chg-NP	CR2E037 (12/00	5)
City & State	City & State	City & State		651		Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate o	f Status Desired	□ \$8.75 Fee Requ	Additional Jired
6. Name and Address of Current Re	gistered Agent		7. Name and A	ddress of New I	Registered Agent	
LAZZARA, PATRICIA 5300 WASHINGTON STREET			Name Street Address (P.O. Box Number is Not Acceptable)			
K-225 HOŁLYWOOD, FL 33021						
·		City			FL Zip C	Code
The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and according to the control of the control			or registered agent, or both alure required when reinstating)	, in the State of Fl	lorida. I am familiar w	ith, and accept
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Make check payable to Florida Department of State		
10. OFFICERS AND DIRE	· · · · · · _ · · · · · · · · · · · · ·	11.	ADDITIONS/CHAI	NGES 10 OFFICE	ERS AND DIRECTORS	
TITLE VD NAME NOLAN, MARIE STREET ADDRESS 5300 WASHINGTON ST , K-225 CITY-ST-ZIP HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chanç	e Addition
NAME PANICCIA, PHILIP STREET ADDRESS 5300 WASHINGTON ST., L-232 CITY-ST-ZIP HOLLYWOOD, FL 33021	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTHONY D SOO WASH	NELLA NG to NS D FL. 31	VD □Chan T. K·l23 3c2/	ge Addition
NAME LAZZARA, PATRICIA STREET ADDRESS 5300 WASHINGTON ST , K-225 CITY-ST-ZIP HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🗌 Addition
TITLE T NAME LOMUSCIO, MARIE STREET ADDRESS 5300 WASHINGTON STREET, K32 CITY-ST-ZIP HOLLYWOOD, FL 33021,	A Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THIN OP 5300 WASHI HOLLY WOO	NETON		ge 🔲 Addition
TITLE S NAME ORTIZ, ILA STREET ADDRESS 5300 WASHINGTON ST., K323 CITY-ST-ZIP HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBARA	FATIC	□Chang ONE T. K-253	ge Addition
TITLE	☐ Delete	TITLE NAME			Chari	ge 🔲 Addition

12. I nereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 11s, Frorida 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 SIGNATURE AND TYPED OR PRINTED TO BE SIGNING OFFICER OR DIRECTOR DE

1/25/08 954-964-0763