2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726547

FILED Apr 27, 2007 Secretary of State

Entity Name: OMEGA CONDOMINIUM NO. 6, INC.

Current Principal Place of Business: New Principal Place of Business:

7450 N.W. 17TH ST. PLANTATION, FL 33313

Current Mailing Address: New Mailing Address:

7450 N.W. 17TH ST. 1509 S. UNIVERSITY DRIVE PLANTATION, FL 33313 PLANTATION, FL 33324

FEI Number: 59-1559706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERGMAN, A.C.

7451 W OAKLAND PK BLVD

LAUDERHILL, FL 33319 US

ATR MANAGEMENT CORPORATION
1509 S. UNIVERSITY DRIVE
PLANTATION, FL 33324 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: LINDA WILKINS, CAM 04/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: () Change () Addition Name: EMERSON, SHIRLEY Name:

 Name:
 EMERSON, SHIRLEY
 Name:

 Address:
 7450 N W 17TH ST
 Address:

 City-St-Zip:
 PLANTATION, FL
 City-St-Zip:

Title: S () Delete Title: SD (X) Change () Addition Name: ALSTON, AUDREY Name: ALSTON, AUDREY

 Name:
 ALSTON, AUDREY
 Name:
 ALSTON, AUDRE'

 Address:
 7450 NW 17 ST.
 Address:
 7450 NW 17 ST.

 City-St-Zip:
 PLANTATION, FL
 City-St-Zip:
 PLANTATION, FL

Title: P (X) Delete Title: () Change () Addition

 Name:
 KITCHER, LUCY
 Name:

 Address:
 7450 NW 17 ST
 Address:

 City-St-Zip:
 PLANTATION, FL
 City-St-Zip:

Title: VP () Delete Title: PD (X) Change () Addition

 Name:
 KALISH, MARTIN
 Name:
 KALISH, MARTIN

 Address:
 7450 N.W. 17TH STREET
 Address:
 7450 N.W. 17TH STREET

 City-St-Zip:
 PLANTATION, FL
 City-St-Zip:
 PLANTATION, FL
 33313

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA WILKINS CAM 04/27/2007