


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # 726547 1. Entity Name OMEGA CONDOMINIUM NO. 6, INC.	
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Principal Place of Business 7450 N.W. 17TH ST. PLANTATION, FL 33313	Mailing Address 1509 S. UNIVERSITY DRIVE PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1559706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ATR MANAGEMENT CORPORATION 1509 S. UNIVERSITY DRIVE PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EMERSON, SHIRLEY 7450 N W 17TH ST PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALSTON, AUDREY 7450 NW 17 ST. PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALISH, MARTIN 7450 N.W. 17TH STREET PLANTATION, FL 33313
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/08-80037-009 61.25

**DO NOT WRITE
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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>Martin Kalish</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>1/10/08</u> Date	Daytime Phone # _____
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