## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 727542** 

FILED Jan 29, 2009 Secretary of State

Entity Name: ROYAL STEWART ARMS CONDOMINIUM #6, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1 ROYAL STEWART PKWY ONE ROYAL STEWART PKWY DUNEDIN, FL 34698 DUNEDIN, FL 34698 **Current Mailing Address: New Mailing Address:** 1 ROYAL STEWART PKWY ONE ROYAL STEWART PKWY DUNEDIN, FL 34698 DUNEDIN, FL 34698 FEI Number: 59-2034729 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WILSON, SHARON WILSON, SHARON 1 ROYAL STEWART PKWY ONE ROYAL STEWART PKWY DUNEDIN, FL 34698 DUNEDIN, FL 34698 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: 01/29/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete TALMAGE, JOANNE TALMAGE, JOANNE Name: Name: 8 GLENCOE PL S 302 Address: 8 GLENCOE PL S 302 Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: VD () Delete Title: () Change () Addition PATANE, RONALD Name: Name: Address: 8 GLENCOE PLACE #304 Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GWINN, JOE Name: GARRETT, DAVID Name: 8 GLENCOE PL #301 8 GLENCOE PL #103 Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: ( ) Delete Title: (X) Change ( ) Addition Name: SMALE, NORM Name: APLEY, ANITA 8 GLENCOE PLACE, 306 8 GLENCOE PLACE, 108 Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: ( ) Change (X) Addition POWELL, ALLAN Name: Name: 8 GLENCOE PLACE, 109 Address: Address: DUNEDIN, FL 34698 City-St-Zip: City-St-Zip:

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: JOANNE TALMAGE PD 01/29/2009