

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90066 027 *****61.25

DOCUMENT # 743152

1. Entity Name
BARWOOD CONDOMINIUM VI ASSOCIATION, INC.



Principal Place of Business
**23305 BARWOOD LANE NORTH
BOCA RATON, FL 33428**

Mailing Address
**23305 BARWOOD LANE NORTH
BOCA RATON, FL 33428**

50065474



08172005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1911635

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROBERT KAYE & ASSOCIATES P.A.
6261 NW 6TH WAY
#103
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LERCH, CAROL
STREET ADDRESS	23305 BARWOOD N #203
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	DVP
NAME	DOUY, NORMA J
STREET ADDRESS	23305 BARWOOD N #102
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	TD
NAME	MILLER, JOAN
STREET ADDRESS	23305 BARWOOD LN N #307
CITY-ST-ZIP	BOCA RATON, FL 35428
TITLE	D
NAME	SPENCELEY, ROBERT
STREET ADDRESS	23305 BARWOOD LN NORTH #301
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	SD
NAME	COLBELLO, LEE
STREET ADDRESS	23305 BARWOOD LN N #402
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carolyn R. Lerch, Pres.

8-31-05

561-852-1263



ATTACHMENT

57065474

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 17, 2005

BARWOOD CONDOMINIUM VI ASSOCIATION, INC.
C/O WATSON PROPERTY MANAGEMENT, INC.
POST OFFICE BOX 880328
BOCA RATON, FL 33488-0328

SUBJECT: BARWOOD CONDOMINIUM VI ASSOCIATION, INC.
Ref. Number: 743152

Upon receipt of your letter and/or check(s) totaling \$61.25, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

An officer or director must sign the report.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 105A00052458