

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90202 021 \*\*\*\*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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1911635	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERT KAYE & ASSOCIATES P.A. 6261 NW 6TH WAY #103 FORT LAUDERDALE, FL 33309				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZITZELBERGER, MARY		NAME		
STREET ADDRESS	23305 BARWOOD LN. N. #403		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33428		CITY - ST - ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUY, NORMA J		NAME		
STREET ADDRESS	23305 BARWOOD N #102		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33428		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANNIZZARO, JOSEPHINE		NAME		
STREET ADDRESS	23305 BARWOOD LN N #407 209		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33428		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROLLO, AMERLIA		NAME		
STREET ADDRESS	23305 BARWOOD LN NORTH #404 103		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33428		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKINSON, EDITH		NAME		
STREET ADDRESS	23305 BARWOOD LN N #402 208		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33428		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONIKA PUTSCHKE		NAME		
STREET ADDRESS	23305 BARWOOD LAKE N, #301		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33438		CITY - ST - ZIP		
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: <i>Edith Dickinson</i>			Date: <i>2/28/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # <i>564-483-8626</i>		