

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90020 017 \*\*\*\*61.25

<b>DOCUMENT # 746381</b> 1. Entity Name <b>THE FAIRWAYS AT SILVER SPRINGS SHORES CONDOMINIUM NO. 6, INC.</b>					
Principal Place of Business <b>CONDO NO. 6, INC. 528B FAIRWAYS CIRCLE OCALA, FL 34472-8514 US</b>			Mailing Address <b>CONDO NO. 6, INC. 528B FAIRWAYS CIRCLE OCALA, FL 34472-8514 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2056640</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
<div style="display: flex; justify-content: space-between;"> <div> <b>6. Name and Address of Current Registered Agent</b>   <b>SMAIL, IVAN C 516 B FAIRWAYS CIRCLE OCALA, FL 34472-8514</b> </div> <div> <b>7. Name and Address of New Registered Agent</b>          Name <u>DOLIE BARBOZA</u>          Street Address (P.O. Box Number is Not Acceptable) <u>516 A FAIRWAY CIRCLE</u>          City <u>OCALA</u> FL <u>34472</u> </div> </div>					
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 <u><i>Dolie Barboza</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>2-15-07</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BARBOZA, DOLLY 516 A FAIRWAYS CIRCLE OCALA, FL 344728514	<input type="checkbox"/> Delete	TITLE <u>P</u> NAME STREET ADDRESS CITY - ST - ZIP	BARBOZA DOLIE 516 A FAIRWAY CIRCLE OCALA FL 34472	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GREEN, DOROTHY S 520 A FAIRWAYS CIRCLE OCALA, FL 344728514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DUSHAN RUPNIK 532 A BAHIA CIRCLE OCALA FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMAIL, IVAN C 516 B FAIRWAYS CIRCLE OCALA, FL 344728514	<input checked="" type="checkbox"/> Delete	TITLE <u>D</u> NAME STREET ADDRESS CITY - ST - ZIP	TONY WOCHINSKI 536 B FAIRWAY CIRCLE OCALA FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOCHINSKI, TONY 536 B FAIRWAYS CIRCLE OCALA, FL 344728514	<input type="checkbox"/> Delete	TITLE <u>VP</u> NAME STREET ADDRESS CITY - ST - ZIP	ANGELINA HUBERT 529 A FAIRWAY CIRCLE OCALA FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD REILLY, BILL 548 A FAIRWAYS DR. OCALA, FL 344728514	<input checked="" type="checkbox"/> Delete	TITLE <u>T</u> NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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><i>Dolie Barboza</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>2-15-07</u> <sup>352</sup> Daytime Phone # <u>681-2383</u>	

*DOLIE S BARBOZA*