2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

DOCUMENT # 753224 1. Entity Name / HOLIDAY SPRINGS VILLAGE CONDOMINIUM 6 ASSOCIATION, INC.							0.	4-02-2007 9	=		5
Principal Plac CCM, INC. 10034 W. MI TAMARAC, FI	CNAB ROAD		CCM, INC. 10034 W. N	Mailing Address CCM, INC. 10034 W. MCNAB ROAD TAMARAC, FL 33321] 		TI 411% A14% A14W A	fii 81811 6161	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					DI ELEJI ELDIJ BLEJI DI			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03072007	Chg-NP	CR2E037 ((12/06)		
City & State			City & State			, <u></u>	4. FEI Number 59-2134	331		_ 	plied For t Applicable
Zip Country		Zip Cou		Country	,	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered Ager	nt .			7. Name and A	ddress of New	Registered Age	ent	
MANNEY	MVDA				l Na	ame Kan	12 man	3 K007			
MANNEY, MYRA 3241 HOLIDAY SPRINGS BLVD.					St	Street Address (P.O. Box Number is Not Acceptable)					
MARGATE	E, FL 330	63				1501	Mul	191 ct	reet. S	svite	- 202
					Ci	ily Fr	Laudero	<u> </u>	FL	Zip Code	
8. The above			or the purpose of	changing its re	gistered of	ffice or register	red agent, or both			niliar with,	and accept
the obligat	tions of regis	io agent.		_					ı 1		
SIGNATURE				te	rrec	1 L KE	or Es	≩	39	50	
	Signature, typed	of printed name of plantered agent	and title if applicable	(NOTE: Ri	Registered Age	nt signature required	(podelanie) netwit		DATE		
	Filing Fe Due by M	pe is \$67.25 May 1 2007	9.	Election Campa Trust Fund Con	aign Finan	····	\$5.00 May Be Added to Fees		Make check portda Departm		
10.	Due by N		g.	Election Campa Trust Fund Con	aign Finan ntribution.	ncing	\$5.00 May Be	Fic	erida Departm	ent of St	ate 10
TITLE	PD •	OFFICERS AND DIR	g.	Election Campa	aign Finan ntribution.	ncing	\$5.00 May Be Added to Fees	Fic	erida Departm	ent of St	tate
	PD HECHT, I	OFFICERS AND DIR	g.	Election Campa Trust Fund Con	aign Finan ntribution.	ncing	\$5.00 May Be Added to Fees	Fic	erida Departm	ent of St	ate 10
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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:

Myron Hecht Myron HECHT
IGNATIVE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

3/16/07

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