2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753224

FILED Mar 09, 2009 Secretary of State

Entity Name: HOLIDAY SPRINGS VILLAGE CONDOMINIUM 6 ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
	MCNAB ROA 5, FL 33321	.D					
Current Mailing Address:				New Mailing Address:			
	MCNAB ROA 5, FL 33321	.D					
FEI Number:	59-2134331	FEI Number Applied For ()	FEI Numbe	er Not Applic	cable ()	Certificate of Status D	esired()
Name and	Address of	Current Registered Agent	: N	ame and	Address o	f New Registered Age	nt:
KATZMAN GARFINKEL, P.A. 1501 N.W. 49TH ST. SUITE 202 FT. LAUDERDALE, FL 33309 US The above named entity submits this statement for the purpose o				BROUGH CHADROW & LEVINE 1900 N. COMMERCE PARKWAY WESTON, FL 33326 US of changing its registered office or registered agent, or both,			
	e of Florida.	CL OLIADDOIA!				00/00/0000	
SIGNATURE: MICHAEL CHADROW Electronic Signature of Registered Agent				03/09/2009 Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HECHT, MYR	Y SPRINGS BLVD #206	Na Ad	tle: ame: ddress: ity-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SPIRER, CLA	Y SPRINGS BLVD #206	Na Ad	tle: ame: ddress: ity-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MANNEY, MY	Y SPRINGS BLVD., APT #304	Na Ad	tle: ame: ddress: ity-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PREISER, JA	Y SPRINGS BLVD #306	Na Ad	tle: ame: ddress: ity-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (CIFFORD, RC 3231 HOLIDA MARGATE, FI	Y SPS BLVD	Na Ad	tle: ame: ddress: ity-St-Zip:	D CIFFORD, F 3231 HOLID MARGATE, I	AY SPRINGS BLVD #203	
Title: Name: Address: City-St-Zip:	S (SWARZ, ANG 3241 HOLIDA MARGATE, FI	Y SPS BLVD	Na Ad	tle: ame: ddress: ity-St-Zip:	S SUAREZ, AN 3241 HOLID MARGATE, I	AY SPRINGS BLVD #409	

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: MYRON HECHT PD 03/09/2009