

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90059 036 ****61.25

DOCUMENT # 754563					
1. Entity Name ROLLING HILLS GOLF AND TENNIS CLUB CONDOMINIUM VI ASSOCIATION, INC.					
Principal Place of Business 3100 W. ROLLING HILLS CIRCLE BLDG. #6 DAVIE, FL 33328-1949			Mailing Address 3100 W. ROLLING HILLS CIRCLE BLDG. #6 DAVIE, FL 33328-1949		
2. Principal Place of Business 8360 W Oakland Park Blvd Suite, Apt. #, etc. 301		3. Mailing Address PO Box 452199 Suite, Apt. #, etc.			
City & State Sunrise, FL Zip 33351		Country Broward		City & State Sunrise, FL Zip 33345-2199	
Country Broward		4. FEI Number 59-2060542			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOBART, BOB 7301 WEST SUNRISE BLVD. FORT LAUDERDALE, FL 33313			7. Name and Address of New Registered Agent Bakalar & Eichner, P.A. Westside Corporate Center 150 South Pine Island Road, Suite 540 Plantation, FL 33324		
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>BAKALAR & EICHNER, P.A.</u> Signature, typed or printed name of registered agent and the fee applicable.				<u>3/30/2005</u> DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 P NAME BEKOWSKY, BETTY STREET ADDRESS 3100 W. ROLLING HILLS CR. CITY-ST-ZIP DAVIE, FL 33328	☒ Delete		TITLE D NAME Giovanni Gentile STREET ADDRESS 57 Walnut St CITY-ST-ZIP Watertown, MA 02472	☐ Change ☒ Addition	
TITLE D/S/T NAME PARKER, ROY STREET ADDRESS 3100 W ROLLING HILLS CR #506 CITY-ST-ZIP DAVIE, FL 33328	☒ Delete		TITLE D/VP NAME Gregory Gong STREET ADDRESS 3100 W Rolling Hills Cr #607 CITY-ST-ZIP Davie, FL 33328	☐ Change ☒ Addition	
TITLE VP NAME MORGAN, CLARENCE STREET ADDRESS 3100 W ROLLING HILLS CR #209 CITY-ST-ZIP DAVIE, FL 33328	☒ Delete		TITLE D NAME Carol A Marzano STREET ADDRESS 136 Quaker Lane CITY-ST-ZIP N Scituate, RI 02857	☐ Change ☒ Addition	
TITLE D NAME LAMMENS, JOE STREET ADDRESS 3100 W ROLLING HILLS CR #704 CITY-ST-ZIP DAVIE, FL 33328	☒ Delete		TITLE D/S/T NAME Mary E Mendez STREET ADDRESS 3100 W Roling Hills Cr #602 CITY-ST-ZIP Davie, FL 33328	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE D/P NAME Cynthia Turni STREET ADDRESS 3100 W Rollings Hills Cr #301 CITY-ST-ZIP Davie FL 33328	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>4/9/05</u> <u>954-572-5900</u> Date Daytime Phone #		