


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2007 90090 011 ****61.25

DOCUMENT # 754563

1. Entity Name
ROLLING HILLS GOLF AND TENNIS CLUB CONDOMINIUM VI ASSOCIATION, INC.



Principal Place of Business
8360 W. OAKLAND PARK BLVD
301
SUNRISE, FL 33351 US

Mailing Address
3100 WEST ROLLING HILLS CIRCLE
SUITE 106
DAVIE, FL 33328 US

90091000

2. Principal Place of Business - No P.O. Box #
8360 W Oakland Park Blvd

3. Mailing Address
PO BOX 452199

Suite, Apt. #, etc.
301



City & State
Sunrise, FL

City & State
Sunrise, FL

Zip
33351

Country
Broware

Zip
33345-2199

Country
Broward

02172007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2060542

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BAKALAR & EICHNER, P.A.
WESTSIDE CORPORATE CENTER
150 SOUTH PINE ISLAND ROAD, SUITE 540
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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 *Whilma E. Williams* DATE *3/28/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	D GENTILE, GIOVANNI 3100 WEST ROLLING HILLS CIRCLE SUITE 205 DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM JAMES NEFORES 3100 W. ROLLING HILLS CIR #504 DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, WHILMA E 3100 WEST ROLLING HILLS CIR STE 106 DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMS MARZANO, CAROL A 3100 WEST ROLLING HILLS CIRCLE STE 709 DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KELLY, FLOYD 3100 WEST ROLLING HILLS CIR STE 104 DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DIAZ, ROBANO 3100 WEST ROLLING HILLS CIR STE 110 DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM HOLNESS, DALTON 3100 WEST ROLLING HILLS CIR STE 310 DAVIE, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Whilma E. Williams* DATE: *3/28/07* DAYTIME PHONE #: *954 907 6926*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR