

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:01

DOCUMENT # N01919 (2)

1. Corporation Name

S. L. CONDOMINIUM ASSOCIATION VI, INC.

Principal Place of Business

Mailing Address

808 SPRING LAKES BLVD
 BRADENTON FL 34210
 US

809 SPRING LAKES BLVD
 BRADENTON FL 34210
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/13/1984

3a. Date of Last Report
04/12/1994

4. FBI Number
59-2505294

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

7. Nonprofit with IRS 501(c)(3)
 Tax Exempt Status ☐

\$68.75 Supplemental
 Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **809 SPRING LAKES BLVD**

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **BRADENTON, FL**

28

Zip

Country

Zip

Country

24 **34210**

25

US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOOKWALTER, G.
808 SPRING LAKES BLVD
BRADENTON FL 34210

81 Name **DONALD SJAARDEMA**

82 Street Address (P.O. Box Number is Not Acceptable)
809 SPRING LAKES BLVD.

83

84 City **BRADENTON**

FL

85 Zip Code
34210

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0502, Florida Statutes.

SIGNATURE

Donald Sjaardema, V.P. & Treasurer

3/5/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTIN, MELVIN
STREET ADDRESS	811 SPRING LAKES BLVD
CITY-ST-ZIP	BRADENTON FL
TITLE	PD
NAME	BOOKWALTER, GENEVA
STREET ADDRESS	808 SPRING LAKES BLVD.
CITY-ST-ZIP	BRADENTON FL
TITLE	D
NAME	VOYTEN, JEAN
STREET ADDRESS	805 SPRING LAKES BLVD
CITY-ST-ZIP	BRADENTON FL
TITLE	D
NAME	ALEVRAS, JOHN
STREET ADDRESS	807 SPRING LAKES BLVD
CITY-ST-ZIP	BRADENTON FL
TITLE	VSST
NAME	SJAARDEMA, DONALD
STREET ADDRESS	809 SPRING LAKES BLVD
CITY-ST-ZIP	BRADENTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	YATA, RICHARD	
1.3 STREET ADDRESS	810 SPRING LAKES BLVD	
1.4 CITY-ST-ZIP	BRADENTON, FL 34210	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	SHAMBO, CHRISTOS	
2.3 STREET ADDRESS	801 SPRING LAKES BLVD	
2.4 CITY-ST-ZIP	BRADENTON, FL 34210	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DONALD SJAARDEMA**

Donald Sjaardema

3/5/95

813-756-6178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone #