

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

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1. Entity Name

6200 CLARK CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**6231 CLARK CENTER AVENUE
SUITE A
SARASOTA FL 34238**

Mailing Address

**6231 CLARK CENTER AVENUE
SUITE A
SARASOTA FL 34238**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

20-3127899

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEHTO CONSTRUCTION, INC.
6231 CLARK CENTER AVENUE
SUITE A
SARASOTA FL 34238**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 TO

TITLE PD ☐ Delete
NAME LEHTO, AL
STREET ADDRESS 7472 PAUROTIS COURT
CITY- ST- ZIP SARASOTA FL 34241

☐ Change ☐ Add
U000000482149
04/11/06-80064-008 61.25

TITLE VSTD ☐ Delete
NAME LEHTO, ROE
STREET ADDRESS 7472 PAUROTIS COURT
CITY- ST- ZIP SARASOTA FL 34241

☐ Change ☐ Add

TITLE VD ☐ Delete
NAME HOSKO, KELLY
STREET ADDRESS 2330 WOODLEAF COURT
CITY- ST- ZIP ORLANDO FL 32837

☐ Change ☐ Add

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Add

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Add

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

3/24/06 (941) 925-7141