


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90052 014 ****61.25

DOCUMENT # N06000006042		
1. Entity Name CONDOMINIUM VI AT BARLETTA ASSOCIATION, INC.		

Principal Place of Business 10481 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912	Mailing Address 10481 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01162007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-5188126	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHIELDS, CHRISTOPHER J. 1833 HENDRY ST. FT. MYERS, FL 33901		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 _____

**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	PD BENSON, STEVE <input type="checkbox"/> Delete 10481 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THRON, DANIEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10481 SIX MILE CYPRESS PKWY FORT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SORENSEN, ANDY <input type="checkbox"/> Delete 10481 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FORT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAGAN, JOHN <input type="checkbox"/> Delete 10481 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DISTEPHANO, PAUL 10481 SIX MILE CYPRESS PKWY FORT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input 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: Daniel Thron DANIEL THRON 2/9/07 239-278-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #