## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000006042

FILED Nov 13, 2007 Secretary of State

Entity Name: CONDOMINIUM VI AT BARLETTA ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

10481 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912

**Current Mailing Address: New Mailing Address:** 

10481 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912

FEI Number: 20-5188126 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHIELDS, CHRISTOPHER J. 1833 HENDRY ST. FT. MYERS, FL 33901 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition THRON, DANIEL SMITH, RUSSELL R Name: Name: 10481 SIX MILE CYPRESS PKWY Address: 10481 SIX MILE CYPRESS PKWY Address: City-St-Zip: FORT MEYERS, FL 33966 City-St-Zip: FORT MEYERS, FL 33966

(X) Change ( ) Addition Title: VD () Delete Title:

Name: SORENSEN, ANDY Name: DEBITETTO, JOHN

Address: 10481 SIX MILE CYPRESS PKWY Address: 10481 SIX MILE CYPRESS PKWY City-St-Zip: FORT MEYERS, FL 33966 City-St-Zip: FORT MEYERS, FL 33966

Title: () Delete Title: STD (X) Change ( ) Addition DISTEPHANO, PAUL Name: BILLUPS, JOHN Name:

10481 SIX MILE CYPRESS PKWY 10481 SIX MILE CYPRESS PKWY Address: Address: City-St-Zip: FORT MEYERS, FL 33966 City-St-Zip: FORT MEYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSELL R. SMITH PD 11/13/2007