

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006042

FILED
Apr 24, 2009
Secretary of State

Entity Name: CONDOMINIUM VI AT BARLETTA ASSOCIATION, INC.

Current Principal Place of Business:

11691 GATEWAY BOULEVARD, SUITE 203
FT. MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

11691 GATEWAY BOULEVARD, SUITE 203
FT. MYERS, FL 33913

New Mailing Address:

FEI Number: 20-5188126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

S & S GOLF MANAGEMENT, INC.
11691 GATEWAY BOULEVARD, SUITE 203
FT. MYERS, FL 33913 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VASQUEZ, BENJAMIN
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FORT MEYERS, FL 33913

Title: VPD (X) Delete
Name: RIBLET, WILLIAM
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FORT MEYERS, FL 33913

Title: STD (X) Delete
Name: ROCHFORD, TERENCE
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FORT MEYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCKEANAY, RHONA
Address: 11691 GATEWAY BOULEVARD, SUITE 203
City-St-Zip: FORT MEYERS, FL 33913

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RHONA MCKEANAY

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date