

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90028 009 ****61.25

DOCUMENT # N14282 1. Entity Name LAKE WINDWOOD CONDOMINIUM VI ASSOCIATION, INC.					
Principal Place of Business 2900 OLIVEWOOD TERRACE BOCA RATON, FL 33431			Mailing Address 2900 OLIVEWOOD TERRACE BOCA RATON, FL 33431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GELFARD, MICHAEL J % GELFAND & ARPE, P.A. 1555 PALM BEACH LAKES BLVD STE 1220 WEST PALM BEACH, FL 33401				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD PALMIERI, JOSEPH E <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2900 OLIVEWOOD TERR, #O-101		NAME		
STREET ADDRESS	BOCA RATON, FL 33431		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	STD <input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERS, LEN J		NAME		
STREET ADDRESS	2900 OLIVE WOOD TERR, # O-201		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33431		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VON STETTEN, TOM		NAME	VON STETTEN, John	
STREET ADDRESS	390 NW 53RD ST		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33487		CITY - ST - ZIP		
TITLE	VPD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ-WALLQUIST, FREDRIK		NAME		
STREET ADDRESS	2900 OLIVE WOOD TERR, # O-202		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33431		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	LAUX, Douglas	
STREET ADDRESS			STREET ADDRESS	2950 Olive wood Terr. #O-207	
CITY - ST - ZIP			CITY - ST - ZIP	Boca Raton, FL 33431	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: John Von Stetten 2/6/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					