NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2002 8:00 am
Secretary of State
05-31-2002 90001 026 ****61.25

DOCUMENT # N37062

1. Entity Name

Holly Greens Manor VI Condominium Assoc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Prime management	9400 Gladiolus Drive
Suite, Apt. #, etc. 9400 Gladiolus Dr. #100	Suite, Apt. #, etc. Suite #100
City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33908 Country USA	Zip 33908 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0182724 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Arlene O'Neill

Street Address (P.O. Box Number is Not Acceptable) 9400 Gladiolus Drive, Ste. #100

City Fort Myers **FL** Zip Code 33908

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.

SIGNATURE Arlene O'Neill 5/7/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Robert Hartman
STREET ADDRESS	16500 Kelly Cove Dr. #2878
CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	VP IS
NAME	Richard Turner
STREET ADDRESS	16500 Kelly Cove Dr. #2885
CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	T
NAME	John Hicks
STREET ADDRESS	16500 Kelly Cove Dr. #2884
CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	D
NAME	Robert Chupurka
STREET ADDRESS	16500 Kelly Cove Dr. #2886
CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	D
NAME	Kenneth Koroly
STREET ADDRESS	16500 Kelly Cove Dr. #2876
CITY-ST-ZIP	Ft. Myers, FL 33908
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NAME	
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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: John M Hicks 5/13/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #