

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 10, 2009
Secretary of State**

DOCUMENT# N43594

Entity Name: PARKWOOD VI ASSOCIATION INC.

Current Principal Place of Business:

4140 NORTH WEST 66TH
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

4150 NORTH WEST 66TH
COCONUT CREEK, FL 33073 US

Current Mailing Address:

PO BOX 970344
COCONUT CREEK, FL 33097 US

New Mailing Address:

FEI Number: 65-0277623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHLER, DIANE J
4150 NW 66TH PL
COCONUT CREEK, FL 33073 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: DP () Delete
Name: TRIVELLI, DIANE
Address: 6664 NW 42ND TER
City-St-Zip: COCONUT CREEK, FL 33073

Title: DVP () Delete
Name: LAMON, JENNIFER
Address: 4203 NW 66TH DR
City-St-Zip: COCONUT CREEK, FL 33073

Title: DS () Delete
Name: RITCHIE, MARIE
Address: 4183 NW 66TH DRIVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: TAYLOR, DANA
Address: 6610 NW 41ST TERRACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: DT () Delete
Name: KAHLER, DIANE J
Address: 4150 NW 66TH PL
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: MCQUESTION, JACK
Address: 6620 NW 41ST TER
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DIANE J. KAHLER

DT

01/10/2009

Electronic Signature of Signing Officer or Director

Date