



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90372 022 ****61.25

DOCUMENT # N98000003402 1. Entity Name MARSH LANDING TOWNHOUSE CONDOMINIUM VI ASSOCIATION, INC.					
Principal Place of Business 1337 EGRET'S LANDING #102 NAPLES, FL 34108 US			Mailing Address PO BOX 112260 NAPLES, FL 34108 US		
2. Principal Place of Business <i>c/o Meldon Consultants</i> Suite, Apt. #, etc. 4949 Tamiami Trail N, #201 City & State Naples, FL Zip 34103-3017		3. Mailing Address <i>c/o Meldon Consultants</i> Suite, Apt. #, etc. 4949 Tamiami Trail N, #201 City & State Naples, FL Zip 34103-3017		40050555 	
4. FEI Number 65-0905422		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03272006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent BLANCHARD, JOHN B MELDON CONSULTANTS 1337 EGRET'S LANDING #102 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name William S. Moore Street Address (P.O. Box Number is Not Acceptable) <i>c/o Meldon Consultants</i> 4949 Tamiami Trail N, #201 City Naples FL Zip Code 34103-3017		
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 <i>William S. Moore</i> , <i>William S. Moore</i> April 8, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	P NAPLES, TOM 23039 LONE OAK DR ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Moore, David 23089 Lone Oak Drive Estero, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLINS, JOSEPH 23035 LONE OAK DR ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Burke, Leona 23045 Lone Oak Drive Estero, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOUSEMAN, DONALD 23087 LONE OAK DR ESTERO, FL 33928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Donald Houseman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Donald Houseman			Date <i>April 8 2006</i> Daytime Phone # <i>239 992 9875</i>		