


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90012 011 ****61.25

DOCUMENT # N99000007046 1. Entity Name HERITAGE OAKS CLUB HOMES VI, INC.	
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Principal Place of Business ARBUS PROP MGMT, INC. 2477 STICKNEY POINT RD., #118A SARASOTA FL 34231	Mailing Address ARBUS PROP MGMT, INC. 2477 STICKNEY POINT RD., #118A SARASOTA FL 34231
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0974900	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CROSS, DARLENE 2477 STICKNEY POINT RD. #118A SARASOTA FL 34231

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST-ZIP	AT <input type="checkbox"/> Delete SWIDER, MIKE 5217 CHASE OAKS DR SARASOTA FL 34241
TITLE NAME STREET ADDRESS CITY ST-ZIP	STD <input checked="" type="checkbox"/> Delete TIREY, VICKEY 5199 CHASE OAKS DR SARASOTA FL 34241
TITLE NAME STREET ADDRESS CITY ST-ZIP	AS <input type="checkbox"/> Delete CROSS, DARLENE 2477 STICKNEY DR., #118A SARASOTA FL 34231
TITLE NAME STREET ADDRESS CITY ST-ZIP	P <input type="checkbox"/> Delete POWERS, NORM 5175 CHASE OAKS DR SARASOTA FL 34241
TITLE NAME STREET ADDRESS CITY ST-ZIP	VP <input type="checkbox"/> Delete MCGRAW, JOE 5187 CHASE OAKS DR SARASOTA FL 34241
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	Peter Spooner, S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5169 Chase Oaks Drive Sarasota FL 34241
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Darlene Cross AS DARLENE CROSS 3/1/07 941-927-6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #