



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90045 050 ****61.25

DOCUMENT # 754073 1. Entity Name GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION SECTION VI, INC.					
Principal Place of Business SCHEO MGMT INC Schoo Mgmt. Inc. SCHEO MGMT INC Schoo Mgmt Inc. 0441-2 CYPRESS LAKE DR FORT MYERS, FL 33919 US				Mailing Address SCHEO MGMT INC Schoo Mgmt Inc. 0441-2 CYPRESS LAKE DR FORT MYERS, FL 33919 US	
2. Principal Place of Business - No P.O. Box # 9411-2 Cypress Lake Dr Suite, Apt. #, etc.		3. Mailing Address 9411-2 Cypress Lake Dr. Suite, Apt. #, etc.		 01072008 Chg-NP CR2E037 (12/06)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 59-2391872				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				40067825	
6. Name and Address of Current Registered Agent GELLES, BOB C/O P&M PROPERTY MGT Schoo Mgmt. Inc. 0441-2 CYPRESS LAKE DR 9411-2 Cypress Lake Dr. FORT MYERS, FL 33919					
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 _____ <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, 2008		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 WIEBE, JOERG 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHERMA McCASKIE 9190 BUTTERFLY COURT FORT MYERS, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS THOMAS, MICHELLE 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P NADIA LIEBERWIRTH 13507 SIESTA PINES COURT FORT MYERS, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTTO, BIAGIO 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY-TRAA. ERICA GRAY 8127 COUNTRY ROAD #204 FORT MYERS, FL 33919	<input type="checkbox"/> Change <input checked="" 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	
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: <u>Sherma McCaskie</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/2/08</u> Daytime Phone # _____		