


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90042 008 \*\*\*\*61.25

<b>DOCUMENT # N05000003605</b>					
<b>1. Entity Name</b> CALUSA PALMS VI CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3050 N. HORSESHOE DR #275 NAPLES, FL 34104			<b>Mailing Address</b> 3050 N. HORSESHOE DR #275 NAPLES, FL 34104		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-2718279	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HART, JAMES W SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD, FL 32779-5044			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D	<b>NAME</b> ROSILLA, LARRY		<b>TITLE</b> T/S	<b>NAME</b> Rosilla, Larry	
<b>STREET ADDRESS</b> 14712 CALUSA PALMS DRIVE #104	<b>CITY-ST-ZIP</b> FORT MYERS, FL 33919		<b>STREET ADDRESS</b> 14712 Calusa Palms Dr. #104	<b>CITY-ST-ZIP</b> Fort Myers, FL 33919	
<b>TITLE</b> D	<b>NAME</b> SHELTON, DENNIS		<b>TITLE</b> V/P	<b>NAME</b> Eno Charles	
<b>STREET ADDRESS</b> 14732 CALUSA PALMS DRIVE #101	<b>CITY-ST-ZIP</b> FORT MYERS, FL 33919		<b>STREET ADDRESS</b> 14738 Calusa Palms Dr. #103	<b>CITY-ST-ZIP</b> Fort Myers, FL 33919	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> P	<b>NAME</b> Ferkel, Susan	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 14726-Calusa Palms Dr. #103	<b>CITY-ST-ZIP</b> Fort Myers, FL 33919	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Susan Ferkel</i>			3/21/07 239-481-0444		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		