


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2008 8:00 am**  
**Secretary of State**

07-24-2008 90017 001 \*\*\*\*61.25

<b>DOCUMENT # N45792</b>					
<b>1. Entity Name</b> THE BOARDWALK CAPER VI CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 18086 - 18092 SAN CARLOS BLVD. FT MYERS BEACH, FL 33931 US			<b>Mailing Address</b> 15751 SAN CARLOS BLVD #8 FT MYERS, FL 33908		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 12300 S. Tamiami Trail			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Unit 16			
<b>City &amp; State</b>		<b>City &amp; State</b> Fort Myers, FL		<b>4. FEI Number</b> 65-0321850	
<b>Zip</b>		<b>Country</b> USA		<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> D.G. SUITOR & ASSOCIATES 15751 SAN CARLOS BLVD #8 FT. MYERS, FL 33908			<b>7. Name and Address of New Registered Agent</b> Name: <u>PM Property Management</u> Street Address (P.O. Box Number is Not Acceptable) 12300 S. Tamiami Trail, Unit 16 City: <u>Fort Myers</u> <b>FL</b> Zip Code: <u>33912</u>		
<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: <u>Paul L. Sapp</u> <span style="float: right;">7-21-08</span> <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</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> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> SCHMIEDESKAMP, WALT 18092 SAN CARLOS BLVD. #911 FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> ENGLISH, BETTY 18092 SAN CARLOS BLVD #921 FT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> CALDER, DONALD 18092 SAN CARLOS BLVD #913 FT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> MEYER, TRISH 18086 SANCARLOS BLVD #822 FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> MCELHANEY, DONALD 18086 SAN CARLOS BLVD #812 FT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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> <u>Donald Calder</u> <span style="float: right;">7/19/2008</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					