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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757868 (5)
1. Corporation Name
MYERLEE GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1351 MYERLEE GARDEN AVE..S.W. FT. MEYERS FL 33919
Mailing Address: 1351 MYERLEE GARDEN AVE..S.W. FT. MEYERS FL 33919-6370

3. Date Incorporated or Qualified: 05/06/1981
3a. Date of Last Report: 03/26/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt #, etc.
23. City & State
24. Zip Country
25. Zip Country

4. FEI Number: 59-2120987
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ENEBO, STANLEY
6824 SANDTRAP DR. S.W.
FT MYERS FL 33919

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD ENEBO, STANLEY 6824 SANDTRAP DR. FT. MYERS FL	1.1 TITLE	ASS'T TREASURER STEWART GOODRICH 1354 MYERLEE GARDENS AVE. FT. MYERS, FL. 33919
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VDC SCHENCK, MARY 1305 SANDTRAP DR. FT. MYERS FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD CONLEY, ELLA 1322 SANDTRAP DR. FT. MYERS FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD HAVLICHEK, CYNTHIA 6852 SANDTRAP DR. FT. MYERS FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D O'REARDON, JOYCE 6893 MYERLEE GARDENS AVE. SW FT. MYERS FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D HOLLAND, VIRGINIA 1316 SANDTRAP DR FT MYERS FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stanley Enbo* CHRM 3 1/4/97 (941) 489-3580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055671

CR2E037 (9/96)