

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757868

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2120987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ENEBO, STANLEY  
6824 SANDTRAP DR. S.W.  
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Koettler, Dave

1353 Sandtrap Drive

Ft. Myers, FL 33919

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.

SIGNATURE

Dave Koettler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/00

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	GRATTENTHALER, MATT	
STREET ADDRESS	1358 SANDTRAP DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DEUTSCH, JACKIE	
STREET ADDRESS	6809 SANDTRAP DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELMORE, DONALD	
STREET ADDRESS	1306 SANDTRAP DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRATTENTHALER, Matt	
STREET ADDRESS	1358 Sandtrap Drive	
CITY-ST-ZIP	Ft. Myers, FL.	
TITLE	T.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRAZDES, ABELLA	
STREET ADDRESS	6809 Sandtrap Dr.	
CITY-ST-ZIP	Ft. Myers, FL.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAWEN, Jack	
STREET ADDRESS	6864 Bogey Drive	
CITY-ST-ZIP	Ft. Myers, FL	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAVLICHET, Cynthia	
STREET ADDRESS	6852 Sandtrap Dr.	
CITY-ST-ZIP	Ft. Myers, FL.	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Koettler, Dave	
STREET ADDRESS	1353 Sandtrap Drive	
CITY-ST-ZIP	Ft. Myers, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:

Dave Koettler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/00

(941) 589-3580



DO NOT WRITE IN THIS SPACE