


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90003 028 ****61.25

DOCUMENT # 757868

1. Entity Name
MYERLEE GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1351 MYERLEE GARDEN AVE., S.W.
 FORT MYERS, FL 33919**

Mailing Address
**C/O ALLIANT PROPERTY MGMT., LLC
 6700 WINKLER RD., SUITE 2
 FORT MYERS, FL 33919**

2. Principal Place of Business - No P.O. Box #
6719 Winkler Road

3. Mailing Address
6719 Winkler Road

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Fort Myers, Florida

City & State
Fort Myers, Florida

Zip
33919

Country
USA

Zip
33919

Country
USA



02232007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**ALLIANT PROPERTY MGMT, LLC
 6700 WINKLER RD., SUITE 2
 FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6719 Winkler Road

Suite 200

City
Fort Myers

FL Zip Code
33919

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 *Melita Strohn VP, Agent* DATE 3-15-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D GALLIGAN, PATRICK 6867 SANDTRAP DRIVE FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RAMSEY, MARY LOU 6882 BOGEY DRIVE FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D GUMBEL, JOAN 6884 BOGEY DRIVE FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRECHT, MARYLN 6805 BOGEY DRIVE FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKINSON, GERALDINE 6890 SANDTRAP DRIVE FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Edward Newell 6815 Bogey Dr. Fort Myers, Fl. 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Julia Collins 6817 Sandtrap Dr. Fort Myers, Fl. 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jessie Bowles 1343 Sandtrap Dr. Fort Myers, Fl. 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dennis Lichtenberg 6872 #2 Sandtrap Dr. Fort Myers, Fl. 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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: *Julia Collins* DATE 3-16-07 DAYTIME PHONE # 415-7284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR