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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N25191 (0)

1. Corporation Name
MYERLEE PARK WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business *BECKER & POLIAKOFF 13515 BELL TOWER STE. 101 FT. MYERS FL 33907	Mailing Address *BECKER & POLIAKOFF 13515 BELL TOWER STE. 101 FT. MYERS FL 33907
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2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/03/1988	3a. Date of Last Report 06/15/1994
4. FEI Number 59-1589283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, P.A.
13515 BELL TOWER DRIVE, #101
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Becker & Poliakoff P.A. by Joseph S. Coe 2/22/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MYERS, EDWARD
STREET ADDRESS	1461 SADDLE WOOD DR.
CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	D
NAME	MURPHY, GERTRUDE
STREET ADDRESS	1482 MYERLEE C.C. BL
CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	D
NAME	SMITH, RALPH
STREET ADDRESS	1454 MYERLEE CC BLVD.
CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	D
NAME	FIRTH, NAOMI
STREET ADDRESS	1449 SADDLE WOOD DR.
CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	VC
NAME	SMITH, DALLAS D
STREET ADDRESS	1453 SADDLE WOOD DR.
CITY-ST-ZIP	FT. MYERS FL
TITLE	C
NAME	FIELDS, OBIE E
STREET ADDRESS	6919 EDGEWATER CIR.
CITY-ST-ZIP	FT. MYERS FL 33919

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FICHERA, ALFIO	
1.3 STREET ADDRESS	6915 Edgewater Circle	
1.4 CITY-ST-ZIP	Ft. Myers, FL 33919	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BALDELLI, DARIO	
2.3 STREET ADDRESS	6915 Edgewater Circle	
2.4 CITY-ST-ZIP	Ft. Myers, FL 33919	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MASCHIO, JOSEPH	
3.3 STREET ADDRESS	1473 Saddle Wood Drive	
3.4 CITY-ST-ZIP	Ft. Myers, FL 33919	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRIEDRICH, JOSEPHINE	
4.3 STREET ADDRESS	6919 Edgewater Circle	
4.4 CITY-ST-ZIP	Ft. Myers, FL 33919	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LICKTEIG, GEORGE	
5.3 STREET ADDRESS	6915 Edgewater Circle	
5.4 CITY-ST-ZIP	Ft. Myers, FL 33919	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 trustee 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: Obie E. Fields Obie E. Fields, Chairman 2/6/95