

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996		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
--	--

3. Date Incorporated or Qualified 03/03/1988	3a. Date of Last Report 03/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	26	22	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23	28	24	30
City & State		City & State	
Zip	Country	Zip	Country

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			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	
						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: *[Signature]* DATE: 6/5/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FICHERA, ALFIO		1.2 NAME	MORSE, CHUCK			
STREET ADDRESS	6915 EDGEWATER CIR		1.3 STREET ADDRESS	1466 Myerlee C.C. Blvd.			
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	Ft. Myers, FL 33919			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BALDELLI, DARIO		2.2 NAME	KERR, JAMES			
STREET ADDRESS	6915 EDGEWATER C IR		2.3 STREET ADDRESS	1450 Myerlee C.C. Blvd.			
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP	Ft. Myers, FL 33919			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MASCHIO, JOSEPH		3.2 NAME	NOWAK, RUTH			
STREET ADDRESS	1473 SADDLE WOOD DR		3.3 STREET ADDRESS	1449 Saddlewoode Dr.			
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	Ft. Myers, FL 33919			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FIRTH, NAOMI		4.2 NAME	HEIFNER, PATTY			
STREET ADDRESS	1449 SADDLE WOOD DR.		4.3 STREET ADDRESS	1469 Saddlewoode Dr.			
CITY-ST-ZIP	FT. MYERS FL 33919		4.4 CITY-ST-ZIP	Ft. Myers, FL 33919			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LICKTEIG, GEORGE		5.2 NAME	HEARN, HELEN			
STREET ADDRESS	6915 EDGEWATER CIR		5.3 STREET ADDRESS	1481 Saddlewoode Dr.			
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP	Ft. Myers, FL 33919			
TITLE	C	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FIELDS, OBE E		6.2 NAME				
STREET ADDRESS	6919 EDGEWATER CIR.		6.3 STREET ADDRESS				
CITY-ST-ZIP	FT. MYERS FL 33919		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 119.07(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 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: *[Signature]* DATE: 6/9/96 TELEPHONE: 466-0636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)