

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 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**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1589283	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24	25	29	30

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 **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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/5/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FICHERA, ALFIO	
STREET ADDRESS	6915 EDGEWATER CIR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALDELLI, DARIO	
STREET ADDRESS	6915 EDGEWATER C IR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASCHIO, JOSEPH	
STREET ADDRESS	1473 SADDLE WOOD DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIRTH, NAOMI	
STREET ADDRESS	1449 SADDLE WOOD DR.	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LICKTEIG, GEORGE	
STREET ADDRESS	6915 EDGEWATER CIR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	FIELDS, ORIE 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MORSE, CHUCK	
1.3 STREET ADDRESS	1466 Myerlee C.C. Blvd.	
1.4 CITY-ST-ZIP	Ft. Myers, FL 33919	
2.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KERR, JAMES	
2.3 STREET ADDRESS	1450 Myerlee C.C. Blvd.	
2.4 CITY-ST-ZIP	Ft. Myers, FL. 33919	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NOWAK, RUTH	
3.3 STREET ADDRESS	1449 Saddlewoode Dr.	
3.4 CITY-ST-ZIP	Ft. Myers, FL 33919	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HEIFNER, PATTY	
4.3 STREET ADDRESS	1469 Saddlewoode Dr.	
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	HEARN, HELEN	
5.3 STREET ADDRESS	1481 Saddlewoode Dr.	
5.4 CITY-ST-ZIP	Ft. Myers, FL. 33919	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/96

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