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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33907-5944
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 03/03/1988	3a. Date of Last Report 06/13/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1589283	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	Chairman C/D	<input type="checkbox"/> DELETE
NAME	MORSE, CHUCK	
STREET ADDRESS	1486 MYERLEE C.C. BLVD.	
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 WOODS DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FIRTH, NAOMI	
STREET ADDRESS	1449 SADDLE WOODS 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	D	<input checked="" type="checkbox"/> DELETE
NAME	KERR, JAMES	
STREET ADDRESS	1450 MYERLEE C.C. BLVD.	
CITY-ST-ZIP	FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hutchison George	
1.3 STREET ADDRESS	1453 Saddle Woods Drive	
1.4 CITY-ST-ZIP	FT. MYERS FL-33919	
2.1 TITLE	Asst Secy/Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HERN, Helen	
2.3 STREET ADDRESS	1481 Saddle Woods Dr.	
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	Heidner Patty	
3.3 STREET ADDRESS	1469 Saddle Woods 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	Nawak Ruth	
4.3 STREET ADDRESS	1449 Saddle Woods 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	Gertrude Murphy	
5.3 STREET ADDRESS	1482 Myerlee C.C. Blvd	
5.4 CITY-ST-ZIP	FT. MYERS FL-33919	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert Cowan	
6.3 STREET ADDRESS	1477 Saddle Woods Drive	
6.4 CITY-ST-ZIP	FT. MYERS FL-33919	

14. I do 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 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.

CR2E037 (9/96)