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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

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 06/13/1996
4. FEI Number 59-1589283	Applied For 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

9. Name and Address of Current Registered Agent	
BECKER & POLIAKOFF, P.A. 13515 BELL TOWER DRIVE, #101 FT. MYERS FL 33907	

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

12. OFFICERS AND DIRECTORS	
TITLE	<del>Chairman</del> C/O <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 WOODE DR
CITY-ST-ZIP	FT. MYERS FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FIRTH, NAOMI
STREET ADDRESS	1449 SADDLE WOODE 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	<del>Chairman</del> V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hutchison George
1.3 STREET ADDRESS	1453 Saddle Woode Drive
1.4 CITY-ST-ZIP	FT. MYERS FL-33919
2.1 TITLE	<del>Asst Secy/Treas</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<del>HERRN, Helen</del>
2.3 STREET ADDRESS	<del>1481 Saddle Woode DR.</del>
2.4 CITY-ST-ZIP	<del>FT. MYERS FL-33919</del>
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Heidner Patty
3.3 STREET ADDRESS	1469 Saddle Woode 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 Woode 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 Woode 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)(b) 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)