

FILE NOW: FILING FEE IS \$61.25

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**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 03/03/1988	
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MORSE, CHUCK		1.2 NAME ROBERT COWAN	
STREET ADDRESS 1466 MYERLEE C.C. BLVD.		1.3 STREET ADDRESS 1477 SADDLE WOODS DR.	
CITY-ST-ZIP FT. MYERS FL		1.4 CITY-ST-ZIP FT. MYERS, FL	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BALDELLI, DARIO		2.2 NAME ALFIO FICHERA	
STREET ADDRESS 6915 EDGEWATER C IR		2.3 STREET ADDRESS 6915 EDGEWATER CIRCLE	
CITY-ST-ZIP FT. MYERS FL		2.4 CITY-ST-ZIP FT. MYERS, FL	
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 FREDDIE GIBSON	
STREET ADDRESS 1473 SADDLE WOODS DR		3.3 STREET ADDRESS 1454 MYERLEE C.C. BLVD	
CITY-ST-ZIP FT. MYERS FL		3.4 CITY-ST-ZIP FT. MYERS FL	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HUTCHISON, GEORGE		4.2 NAME GERTRUDE MURPHY	
STREET ADDRESS 1453 SADDLEWOODS DR.		4.3 STREET ADDRESS 1482 MYERLEE C.C. BLVD	
CITY-ST-ZIP FT. MYERS FL		4.4 CITY-ST-ZIP FT. MYERS, FL	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LICKTEIG, GEORGE		5.2 NAME	
STREET ADDRESS 6915 EDGEWATER CIR		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEIFNER, PATTY		6.2 NAME	
STREET ADDRESS 1466 SADDLEWOODS DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Charles E. Morse* **CHARLES E. MORSE** 0111-177-1007

CR2E037 (10/97)