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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N25191

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

03/03/1988

4. FEI Number

59-1589283

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

12. OFFICERS AND DIRECTORS

D [ ] DELETE  
NAME: ALFIO RT Fichera  
STREET ADDRESS: 6915 EDGEWATER CIR R  
CITY-ST-ZIP: FT MYERS FL

D [ ] DELETE  
NAME: BALDELLI, DARIO  
STREET ADDRESS: 6915 EDGEWATER C IR  
CITY-ST-ZIP: FT. MYERS FL

D [ ] DELETE  
NAME: GIBSON, FREDDIE  
STREET ADDRESS: 1454 MYERLEE CC BLVD  
CITY-ST-ZIP: FT. MYERS FL

D [ ] DELETE  
NAME: MURPHY, GERTRUDE  
STREET ADDRESS: 1482 MYERLEE CC BLVD  
CITY-ST-ZIP: FT. MYERS FL

D [ ] DELETE  
NAME: LICKTEIG, GEORGE  
STREET ADDRESS: 6915 EDGEWATER CIR  
CITY-ST-ZIP: FT. MYERS FL

[ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Chairman [ ] Change [x] Addition  
1.2 NAME: Charles Morse  
1.3 STREET ADDRESS: 1466 Myerlee C.C. Blvd -  
1.4 CITY-ST-ZIP: ~~Capri Court~~, FL-33914 FT. MYERS

2.1 TITLE: Vice-Chairman [ ] Change [x] Addition  
2.2 NAME: George Hutchison  
2.3 STREET ADDRESS: 1453 Saddlewood Dr -  
2.4 CITY-ST-ZIP: FT. MYERS, FL-33914

3.1 TITLE: [ ] Change [ ] Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:

4.1 TITLE: [ ] Change [ ] Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:

5.1 TITLE: [ ] Change [ ] Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:

6.1 TITLE: [ ] Change [ ] Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 Date

941-433-1003 Daytime Phone #

CR2E037 (1/198)