

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N25191**

1. Entity Name

**MYERLEE PARK WEST CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90012 023 \*\*\*\*61.25

Principal Place of Business	Mailing Address
%BECKER & POLIAKOFF 13515 BELL TOWER STE. 101 FT. MYERS FL 33907	%BECKER & POLIAKOFF 13515 BELL TOWER STE. 101 FT. MYERS FL 33907-5944



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
<b>59-1589283</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BECKER & POLIAKOFF, P.A.**  
**13515 BELL TOWER DRIVE, #101**  
**FT. MYERS FL 33907.**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>FICHERA, ALFIO RT</b> <b>6915 EDGEWATER CIR R</b> <b>FT MYERS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BALDELLI, DARIO</b> <b>6915 EDGEWATER C IR</b> <b>FT. MYERS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>GIBSON, FREDDIE</b> <b>1454 MYERLEE CC BLVD</b> <b>FT. MYERS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MURPHY, GERTRUDE</b> <b>1482 MYERLEE CC BLVD</b> <b>FT. MYERS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>LICKTEIG, GEORGE</b> <b>6915 EDGEWATER CIR</b> <b>FT. MYERS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <input type="checkbox"/> Delete <b>HUTCHISON, GEORGE</b> <b>1453 SADDLE WOODE DR.</b> <b>FT. MYERS FL 33914</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Chairman</b> <b>Charles Morse</b> <b>1466 Myerlee C.C. Blvd.</b> <b>Fort Myers, Florida 33919</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>Robert Lear</b> <b>1478 Myerlee C.C. Blvd.</b> <b>Ft. Myers, FL 33919</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vice Chairman</b> <b>Robert Cowan</b> <b>1477 Saddle Woode Dr.</b> <b>Ft. Myers, FL. 33919</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>Joseph Maschio</b> <b>1473 Saddle Woode Dr.</b> <b>Ft. Myers, FL. 33919</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George Hutchison* **3/8/00** **941-489-1601**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)