

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25191

1. Entity Name

MYERLEE PARK WEST CONDOMINIUM ASSOCIATION, INC.

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

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 59-1589283

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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
After September 12, 2001, min. will be \$236.25

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 D
NAME FICHERA, ALFIO RT
STREET ADDRESS 6915 EDGEWATER CIR R
CITY-ST-ZIP FT MYERS FL ☐ Delete

TITLE D
NAME BALDELLI, DARIO
STREET ADDRESS 6915 EDGEWATER C IR
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE VC
NAME COWAN, ROBERT
STREET ADDRESS 1477 SADDLE WOODS DR.
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

TITLE D
NAME MURPHY, GERTRUDE
STREET ADDRESS 1482 MYERLEE CC BLVD
CITY-ST-ZIP FT. MYERS FL ☒ Delete *Deceased*

TITLE D
NAME LICKTEIG, GEORGE
STREET ADDRESS 6915 EDGEWATER CIR
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE C
NAME HUTCHISON, GEORGE
STREET ADDRESS 1453 SADDLE WOODS DR.
CITY-ST-ZIP FT. MYERS FL 33914 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Champagne, Thomas
STREET ADDRESS 1466 Myerlee C.C. Blvd.
CITY-ST-ZIP Ft. Myers, Fl. 33919 ☐ Change ☒ Addition

TITLE Chairman
NAME Morse, Charles
STREET ADDRESS 1466 Myerlee C.C. Blvd.
CITY-ST-ZIP Ft. Myers, Fl. 33919 ☐ Change ☒ Addition

TITLE D
NAME Lear, Robert
STREET ADDRESS 1478 Myerlee C.C. Blvd.
CITY-ST-ZIP Ft. Myers, Fl. 33919 ☐ Change ☒ Addition

TITLE D
NAME Maschio, Joseph
STREET ADDRESS 1473 Saddle Wood Dr.
CITY-ST-ZIP Ft. Myers, Fl. 33919 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *SIG. REQUIRED*

7-2401

941-489-1601

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90013 020 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)