

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90998 034 ****61.25

DOCUMENT # N25191

1. Entity 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

6916 Cedarhurst Dr.

3. Mailing Address

6916 Cedarhurst Drive



DO NOT WRITE IN THIS SPACE

City & State
Fort Myers, Florida

City & State
Fort Myers, Florida

4. FEI Number
59-1589283

Applied For
 Not Applicable

Zip Country
33919 USA

Zip Country
33919 USA

5. Certificate of Status Desired **\$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]* DATE *2/27/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | D | <input type="checkbox"/> Delete |
| NAME | FICHERA, ALFIO RT | |
| STREET ADDRESS | 6915 EDGEWATER CIR R. | |
| 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 | VC | <input type="checkbox"/> Delete |
| NAME | COWAN, ROBERT | |
| STREET ADDRESS | 1477 SADDLE WOOD DR. | |
| CITY-ST-ZIP | FORT MYERS FL 33919 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHAMPAGNE, THOMAS | |
| STREET ADDRESS | 1466 MYERLEE C C BLVD | |
| CITY-ST-ZIP | FORT MYERS FL 33919 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LICKTEIG, GEORGE | |
| STREET ADDRESS | 6915 EDGEWATER CIR | |
| CITY-ST-ZIP | FT. MYERS FL | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | MORSE, CHARLES | |
| STREET ADDRESS | 1466 MYERLEE C C BLVD | |
| CITY-ST-ZIP | FORT MYERS FL 33919 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jean BLASER - Social | |
| STREET ADDRESS | 1461 Saddle Wood Dr | |
| CITY-ST-ZIP | Ft. Myers FL 33919 | |
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bob LEAR | |
| STREET ADDRESS | 1478 Myerlee C.C. Blvd. | |
| CITY-ST-ZIP | FT. MYERS, FL- 33919 | |
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jean Lattuca | |
| STREET ADDRESS | 1446 Myerlee C.C. Blvd | |
| CITY-ST-ZIP | FT. MYERS, FL 33919 | |
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Joe Maschio | |
| STREET ADDRESS | 1473 Saddle Wood Dr. | |
| CITY-ST-ZIP | FT. MYERS, FL- 33919 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *[Signature]* **CHARLES E. MORSE** 2/27/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UNRECORDED

CR2E037 (9/01)