

# 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

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

**6916 Cedarhurst Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**6916 Cedarhurst Drive**

Suite, Apt. #, etc.

City & State

**Fort Myers, Florida**

City & State

**Fort Myers, Florida**

Zip

**33919**

Country

**USA**

Zip

**33919**

Country

**USA**

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

**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

**2/27/02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Tenn BLASER - Social</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1461 Saddlewoode Dr</b>	
STREET ADDRESS	<b>Fr. myers FL 33919</b>	
CITY-ST-ZIP	<b>Fr. myers FL 33919</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bob LEAR</b>	
STREET ADDRESS	<b>1478 Myerlee C.C. Blvd.</b>	
CITY-ST-ZIP	<b>FT. MYERS, FL 33919</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jean Lattuca</b>	
STREET ADDRESS	<b>1446 Myerlee C.C. Blvd</b>	
CITY-ST-ZIP	<b>FT. MYERS, FL 33919</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joe Maschio</b>	
STREET ADDRESS	<b>1473 Saddlewood Dr.</b>	
CITY-ST-ZIP	<b>FT. MYERS, FL 33919</b>	
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:

**CHARLES E. MORSE** **2/27/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)