


**- 2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90136 048 \*\*\*\*61.25

<b>DOCUMENT # N25191</b>			
1. Entity Name <b>MYERLEE PARK WEST CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>6916 CEDARHURST DR. FORT MYERS FL 33919 US</b>		Mailing Address <b>6916 CEDARHURST DR. FORT MYERS FL 33919 US</b>	
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 <b>59-1589283</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>BECKER &amp; POLIAKOFF, P.A. 14241 METROPOLIS AVE. SUITE 100 FT MYERS FL 33912-0000</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--------------------------------------------------------	-------------------------------------------------------------------------------------	----------------------------------------	--------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLASER-SOCIAL, JENN</b> <b>1461 SADDLEWOODE DR</b> <b>FORT MYERS FL 33919</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SILVIN, JOHN</b> <b>1474 MYERLEE CC BLVD</b> <b>FORT MYERS FL. 33919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEAR, BOB</b> <b>1478 MYERLEE C.C. BLVD</b> <b>FORT MYERS FL 33919</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPINA, NICK</b> <b>1462 MYERLEE CC BLVD</b> <b>FORT MYERS FL. 33919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LATTUCA, JEAN</b> <b>1446 MYERLEE C.C. BLVD</b> <b>FORT MYERS FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DALLAS, DANTE</b> <b>1453 SADDLE WOODE DR.</b> <b>FORT MYERS, FL 33919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CHAMPAGNE, THOMAS</b> <b>1466 MYERLEE CC BLVD</b> <b>FORT MYERS FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/T</b> <b>CHAMPAGNE, THOMAS</b> <b>1466 MYERLEE CC BLVD</b> <b>FORT MYERS FL. 33919</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>MORSE, CHARLES</b> <b>1466 MYERLEE C C BLVD</b> <b>FORT MYERS FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MORSE, CHARLES</b> <b>1466 MYERLEE CC BLVD</b> <b>FORT MYERS, FL. 33919</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>COWAN, ROBERT</b> <b>1477 SADDLE WOODE DRIVE</b> <b>FORT MYERS FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NAVARRE, James</b> <b>1473 Saddle Woode Dr.</b> <b>FT. MYERS, FL. 33914</b> <input type="checkbox"/> Change <input checked="" 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:** *Thomas J Champagne* **THOMAS J CHAMPAGNE** 4-1-05 239-415-7339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #