


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90104 048 ****70.00

DOCUMENT # N25191 1. Entity Name MYERLEE PARK WEST CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 6916 CEDARHURST DR. FORT MYERS, FL 33919 US	Mailing Address 6916 CEDARHURST DR. FORT MYERS, FL 33919 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01052006	Chg-NP	CR2E037 (11/05)
4. FEI Number 59-1589283	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 14241 METROPOLIS AVE. SUITE 100 FT MYERS, FL 33912-0000	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SILVIN, JOHN
STREET ADDRESS	1474 MYERLEE CC BLVD
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	D <input type="checkbox"/> Delete
NAME	SPINA, NICK
STREET ADDRESS	1462 MYERLEE CC BLVD
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	D <input type="checkbox"/> Delete
NAME	LATTUCA, JEAN
STREET ADDRESS	1446 MYERLEE C.C. BLVD
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	CT <input type="checkbox"/> Delete
NAME	CHAMPAGNE, THOMAS
STREET ADDRESS	1466 MYERLEE CC BLVD
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	D <input type="checkbox"/> Delete
NAME	MORSE, CHARLES
STREET ADDRESS	1466 MYERLEE C C BLVD
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	VC <input checked="" type="checkbox"/> Delete
NAME	COWAN, ROBERT
STREET ADDRESS	1477 SADDLE WOODS DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33919

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARIO BALDELLI
STREET ADDRESS	6915 EDGEWATER CIRCLE
CITY-ST-ZIP	FORT 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VC CARROLL, ROBERT F
STREET ADDRESS	1477 SADDLE WOODS DR.
CITY-ST-ZIP	FORT MYERS, FL 33919

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Champagne CHAIRMAN