


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90020 001 \*\*\*\*61.25

**DOCUMENT # N25191**

1. Entity Name  
**MYERLEE PARK WEST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**6916 CEDARHURST DR.**  
**FORT MYERS, FL 33919 US**

Mailing Address  
**6916 CEDARHURST DR.**  
**FORT MYERS, FL 33919 US**

40016000



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01182007 Chg-NP CR2E037 (12/06)

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.**  
**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

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 *Thomas J. Champagne* DATE **2-7-07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BALDELLI, DARIO	
STREET ADDRESS	6915 EDGEWATER CIR	
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 checked="" type="checkbox"/> Delete
NAME	MORSE, CHARLES	
STREET ADDRESS	1466 MYERLEE C C BLVD	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	VC	<input type="checkbox"/> Delete
NAME	CARROLL, ROBERT F	
STREET ADDRESS	1497 SADDLE WOODS DR	
CITY-ST-ZIP	FORT MYERS, FL 33919	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANTE DALLAS	
STREET ADDRESS	1453 SADDLE WOODS DR.	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EILENE FICHERA	
STREET ADDRESS	6915 EDGEWATER CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM NAVARRE	
STREET ADDRESS	1473 SADDLE WOODS DR.	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUTCH GREENE	
STREET ADDRESS	1454 MYERLEE CC BLVD	
CITY-ST-ZIP	FORT MYERS FL 33919	
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 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 empowerec

SIGNATURE *Thomas J. Champagne* DATE **1-23-07**