

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25191

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: MYERLEE PARK WEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6916 CEDARHURST DR.  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

6916 CEDARHURST DR.  
FORT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 59-1589283      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
14241 METROPOLIS AVE.  
SUITE 100  
FT MYERS, FL 339120000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BALDELLI, DARIO  
Address: 6915 EDGEWATER CIR  
City-St-Zip: FORT MYERS, FL 33919

Title: D      ( ) Delete  
Name: SPINA, NICK  
Address: 1462 MYERLEE CC BLVD  
City-St-Zip: FORT MYERS, FL 33919

Title: D      ( ) Delete  
Name: LATTUCA, JEAN  
Address: 1446 MYERLEE C.C. BLVD  
City-St-Zip: FORT MYERS, FL 33919

Title: CT      ( ) Delete  
Name: CHAMPAGNE, THOMAS  
Address: 1466 MYRELEE CC BLVD  
City-St-Zip: FORT MYERS, FL 33919

Title: D      ( ) Delete  
Name: GREENE, DUTCH  
Address: 1454 MYERLEE CC BLVD.  
City-St-Zip: FORT MYERS, FL 33919

Title: VC      ( ) Delete  
Name: CARROLL, ROBERT F  
Address: 1497 SADDLE WOODS DR  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J CHAMPAGNE

CT

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date