

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757868

**Entity Name:** MYERLEE GARDENS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 21, 2013**  
**Secretary of State**  
**CC6497363420**

**Current Principal Place of Business:**

6719 WINKLER RD  
SUITE 200  
FORT MYERS, FL 33919

**Current Mailing Address:**

6719 WINKLER RD  
SUITE 200  
FORT MYERS, FL 33919

**FEI Number: 59-2120987**

**Certificate of Status Desired: No**

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

ALLIANT PROPERTY MGMT, LLC  
6719 WINKLER ROAD  
SUITE 200  
FORT MYERS, FL 33919 US

*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

**Officer/Director Detail :**

Title PD  
Name SCHUETT, CATHY  
Address 6834 SANDTRAP DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title VP  
Name KIMBLE, ROBERT  
Address 6833 SANDTRAP DR.  
City-State-Zip: FT. MYERS FL 33919

Title TD  
Name COLLINS, JUDY  
Address 6817 SANDTRAP DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title SD  
Name DELLUTRI, WILHELMINA  
Address 6890 #4 SANDTRAP DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name NEWELL, ED  
Address 6815 SANDTRAP DRIVE  
City-State-Zip: FORT MYERS FL 33919

*I hereby 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 all other like empowered.*

**SIGNATURE: JUDY COLLINS**

**TREASURER**

**01/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date