

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25191

**FILED**  
**May 01, 2014**  
**Secretary of State**  
**CC8035874386**

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

**Current Principal Place of Business:**

6916 CEDARHURST DR.  
FORT MYERS, FL 33919

**Current Mailing Address:**

6916 CEDARHURST DR.  
FORT MYERS, FL 33919 US

**FEI Number:** 59-1589283

**Certificate of Status Desired:** No

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

BECKER & POLIAKOFF, P.A.  
12140 CARISSA COMMERCE COURT, #200  
FORT MYERS, FL 33966 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 DIRECTOR  
Name BOHEN, STEVEN  
Address 1461 SADDLE WOOD DRIVE  
6-C  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name DALLAS, DANTE  
Address 1445 SADDLE WOODE DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title CT  
Name LATTUCA, JEAN M  
Address 1446 MYERLEE CC BLVD  
THR  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name FREDERICK, CAROLYN  
Address 1477 SADDLE WOODE DRIVE  
7H  
City-State-Zip: FORT MYERS FL 33919

Title VC  
Name BUSFIELD, JOHN  
Address 1461 SADDLEWOODE DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title ASST. TREASURER  
Name BJORKMAN, KAREN  
Address 1474 MYERLEE C.C. BLVD  
1-G  
City-State-Zip: FORT MYERS FL 33919

Title SECRETARY, TREASURER  
Name EDELBLUT, RICHARD  
Address 7032 CEDARHURST DRIVE  
City-State-Zip: FORT MYERS FL 33919

Title DOCUMENTATION  
Name GORMAN, LORI  
Address 1453 SADDLE WOODE DRIVE  
5-E  
City-State-Zip: FORT MYERS FL 33919

**Continues on page 2**

*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:** JEAN M. LATTUCA

**PRESIDENT**

**05/01/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           CEFARATTI, VINCENT  
Address        1462 MYERLEE CC BLVD  
                  2H  
City-State-Zip: FORT MYERS FL 33919

Title           DIRECTOR  
Name           CALABRESE, JAMES  
Address        1465 SADDLE WOODE DRIVE  
                  6-H  
City-State-Zip: FORT MYERS FL 33919