

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745109

1. Entity Name
MYERLEE SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7007 CEDAR HURST DR 4
FT. MYERS FL 33919

Mailing Address

7007 CEDAR HURST DR 4
FT. MYERS FL 33919-6732

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1915362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, AMY R
7007 CEDAR HURST DR 4
FT MYERS FL 33919

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	NEWMAN, ADELINE	
STREET ADDRESS	1518 EDGEWATER CIRCLE #2	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	P	<input type="checkbox"/> Delete
NAME	PHILLIPS, RALPH	
STREET ADDRESS	1518 EDGEWATER CIR, #1	
CITY-ST-ZIP	FT MYERS, FL 00000 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERRY, RUTH	
STREET ADDRESS	1522 EDGEWATER CR. #4	
CITY-ST-ZIP	FT MYERS, FL 00000 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERVEY, BETTY	
STREET ADDRESS	1510 EDGEWATER CIR, #1	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAZZIO, BONNIE	
STREET ADDRESS	7039 CEDARHURST DR #2	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAYWOOD, ROSEMARIE	
STREET ADDRESS	1514 EDGEWATER CIR, #3	
CITY-ST-ZIP	FORT MYERS FL 33919	

TITLE	DePoliTo, MARYANN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1522 EDGEWATER CIR. #1	
STREET ADDRESS	Ft. Myers, FL 33919	Vice Pres
CITY-ST-ZIP		
TITLE	ETHEL AYERS D,	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1510 EDGEWATER CIRCLE #3	
STREET ADDRESS	FT. MYERS, FL 33919	
CITY-ST-ZIP		
TITLE	GERALD LYNCH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1514 EDGEWATER CIR. #2	
STREET ADDRESS	FT. MYERS, FL 33919	
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		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

ROSEMARIE CAYWOOD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 21, 2000
Date

941-489-2839
Daytime Phone #

CR2E037 (9/99)