## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jun 16, 2006 8:00 am Secretary of State 06-16-2006 90103 028 \*\*\*\*61.25

DOCUMENT # 745109  1. Entity Name MYERLEE SQUARE CONDOMINIUM ASSOCIATION, INC.				-10-2000 90103 0.	28 01	23	
Principal Place of Business  7007 CEDAR HURST DR 4  FT. WYERS, FL 33010  1518 Edge WATER Circle FT. MYCRS, F/ 33719	Mailing Address 7007 CEDAR HURST DR FT. MYERS, FL 33319 (e *1 1518 Edg. Ft. Myers,	e Water Circle	# 1	1200 (101) BRIJE 1014 BIRIJ BIDIJ DR	III 81811 81811 818	NU <b>r</b> i <b>d</b> e lori	
2. Principal Place of Business	3. Mailing Address	/		The second secon			
Suite, Apt. #, etc. Suite, Apt. #, etc.			06082006 Ch	g-NP CR2E	037 (4/06)		
City & State City & State			4. FEI Number 59-1915362	2	<u> </u>	optied For ot Applicable	
Zip Country	Zíp 	Country	5. Certificate of Sta	itus Desired _ [	\$8.75 Add Fea Require		
6. Name and Address of Current Registered Agent  Name			7. Name and Addr	7. Name and Address of New Registered Agent			
THOMPSON, AMYR Phillips, Ralph D.			ss (P.O. Box Number is N	lot Accentable)	····		
7007 GEDAR HURST DR 4 FT MYERS, FL 33919  15 18 Edge Water Circle*1  F4. Myers. F1 33919							
74. 7	1 yeks. F/ 334 19	City			Zip Code	6	
The above pamed entity submits this statement	for the purpose of changing its r		stered agent, or both, in t	FL he State of Florida Lam	•   `		
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 Ralph A. Phil	les Ralph	D. Phill.  Registered Agent signature region	es Preside	ut 6-	12-0	6	
			,	•			
Signature, typed or printed name of registered age	en and tale if applicable. (NOTE:	Registered Agent signature regul	ared when reinstating)	DATE			
Signifue. Nyfid or pritted name of registered ago Filling Fee Is \$61.25 Due by September 6, 2006	9. Election Carm Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make chec Florida Depar	k payable to	•	
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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.

239-590 - 6868 Daytime Phone \*