

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

06-16-2006 90103 028 \*\*\*\*61.25

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| <b>DOCUMENT # 745109</b><br>1. Entity Name<br>MYERLEE SQUARE CONDOMINIUM ASSOCIATION, INC.   |  |   |  |   |   |
| Principal Place of Business<br><del>7007 CEDAR HURST DR 4</del><br><del>FT. MYERS, FL 33919</del><br><b>1518 Edgewater Circle #1</b><br><b>FT. MYERS, FL 33919</b>   |  |   | Mailing Address<br><del>7007 CEDAR HURST DR 4</del><br><del>FT. MYERS, FL 33919</del><br><b>1518 Edgewater Circle #1</b><br><b>FT. MYERS, FL 33919</b> |   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |   |
| 4. FEI Number<br><b>59-1915362</b>   |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   | <b>\$8.75 Additional</b><br>Fee Required   |   |   |
| 6. Name and Address of Current Registered Agent<br><b>THOMPSON, AMY R</b><br><del>7007 CEDAR HURST DR 4</del><br><del>FT MYERS, FL 33919</del><br><b>Phillips, Ralph D.</b><br><b>1518 Edgewater Circle #1</b><br><b>FT. MYERS, FL 33919</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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. I am familiar with, and accept the obligations of registered agent.  |  |   |  |   |   |
| SIGNATURE <u>Ralph D. Phillips</u> <b>Ralph D. Phillips President</b> <u>6-12-06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;"><small>DATE</small></span>   |  |   |  |   |   |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 6, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                            |   |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |   |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>SHEA, GARY<br>7007 CEDARHURST DR, APT 4<br>FORT MYERS, FL 33919  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>Ralph D. Phillips<br>1518 Edgewater Cir. #1<br>FT. MYERS, FL 33919 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>BEHRLE, ROBERT<br>7007 CEDARHURST DR #11<br>FORT MYERS, FL 33919  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>Judson Thompson<br>7035 Cedarhurst Dr. #1<br>FT. MYERS, FL 33919   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>THERIART, RENE<br>7007 CEDARHURST DR<br>FORT MYERS, FL 33919      | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Janice Westphal<br>7015 Cedarhurst Dr. #2<br>FT. MYERS, FL 33919   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | EVP<br>OXLEY, DANA<br>1518 EDGEWATER CIRCLE #4<br>FORT MYERS, FL 33919 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ROSEBERRY, RAYMOND<br>7035 CEDARHURST DR #1<br>FT MYERS, FL 33919 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Paul La Fleur<br>7019 Cedarhurst Dr. #3<br>FT. MYERS, FL 33919     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |  |   |  |   |   |
| <b>SIGNATURE: <u>Ralph D. Phillips</u> <b>RALPH D. Phillips</b> <u>6-12-06</u> <u>239-590-6868</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;"><small>DATE</small> <small>Daytime Phone #</small></span></small>  |  |   |  |   |   |