


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90070 005 ****61.25

DOCUMENT # 745109	
1. Entity Name MYERLEE SQUARE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 7007 CEDARHURST DR 4 1518 EDGEWATER CIR STE 1 FT. MYERS FL 33919	Mailing Address 7007 CEDARHURST DR. 4 1518 EDGEWATER CIR STE 1 FT. MYERS FL 33919
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E037 (10/06)
4. FEI Number 59-1915362	Applied For Not Applicable

6. Name and Address of Current Registered Agent PHILLIPS, RALPH D 1518 EDGEWATER CIR STE 1 FT MYERS FL 33919
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7. Name and Address of New Registered Agent Name: Amy R. Thompson Street Address (P.O. Box Number is Not Acceptable): 7007 CEDARHURST DR. APT. 4 City: Fort Myers FL Zip Code: 33919
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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: Amy R. Thompson DATE: 4/11/07

Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PHILLIPS, RALPH D 1518 EDGEWATER CIR STE 1 FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	THOMPSON, JUDSON 7007 CEDARHURST DR STE 1 FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	WESTPHAL, JANICE 7015 CEDARHURST DR STE 2 FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OKLEY, DANA 1518 EDGEWATER CIRCLE - #4 FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LA FLEUR, PAUL 7019 CEDARHURST DR STE 3 FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RENE THERIAULT 7007 CEDARHURST DR #2 FORT MYERS FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GARY SHEA 7007 CEDARHURST DR #3 FORT MYERS FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AMY THOMPSON 7007 CEDARHURST DR #4 FORT MYERS FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CAROL RUBY 7039 CEDARHURST DR #1 FORT MYERS FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROBERT BEHRLE 7007 CEDARHURST DR #1 FORT MYERS FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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 Section 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.

SIGNATURE: Gary H. Shea Gary H. Shea 4/12/07 437-4307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR