



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90071 009 \*\*\*\*70.00

<b>DOCUMENT # 747863</b> 1. Entity Name <b>MYERLEE PARK NORTH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>6911 CEDARHURST DRIVE FT MYERS FL 33919-6756</b>			Mailing Address <b>6911 CEDARHURST DRIVE FT MYERS FL 33919</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1952530</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MINKEL, EDWARD J 1515 SADDLEWOODE DRIVE FORT MYERS FL 33919</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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>Edward J. Minkel</u> <b>EDWARD J. MINKEL</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MINKEL, EDWARD J 1515 SADDLEWOODE DR. FORT MYERS FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MINKEL, EDWARD J 1515 SADDLEWOODE DRIVE FT. MYERS, FL. 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KNIGHT, GERALD W 1525 SADDLEWOODE DR. FORT MYERS FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KNIGHT, GERALD W 1525 SADDLEWOODE DRIVE FT. MYERS, FL. 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GRAUER, FRED M 1507 SADDLEWOODE DR. FORT MYERS FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GRAUER, FRED M 1507 SADDLEWOODE DRIVE FT. MYERS, FL. 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOHUT, ALEXANDER 1506 MYERLEE COUNTRY CLUB BLVD. FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEHNSCHULZ 1513 SADDLEWOODE DRIVE FT. MYERS, FL. 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARSEN, JUNE D 6717 CEDARHURST DR. FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SYBIL EDGAR 1526 MYERLEE CC. BLVD FT. MYERS, FL. 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   

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: Edward J. Minkel **EDWARD J. MINKEL** 6 Feb 06 489-1645 239