2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 747863

Entity Name: MYERLEE PARK NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6911 CEDARHURST DRIVE
FT MYERS, FL 339196756

New Principal Place of Business:

Current Mailing Address:

6911 CEDARHURST DRIVE
FT MYERS, FL 33919

New Mailing Address:

6911 CEDARHURST DRIVE
FT MYERS, FL 339196756

FEI Number: 59-1952530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOYE, ED
1501 SADDLEWOODE DR
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: TOYE, ED
Address: 1501 SADDLEWOODE DR
City-St-Zip: FORT MYERS, FL 33919

Title: VCD ( ) Delete
Name: KNIGHT, GERALD W
Address: 1525 SADDLEWOODE DR.
City-St-Zip: FORT MYERS, FL 33919

Title: S ( ) Delete
Name: KOLESAR, GEORGE
Address: 1516 MYERLEE C.C. BLVD
City-St-Zip: FORT MYERS, FL 33919

Title: T ( ) Delete
Name: SCHULZ, LENI
Address: 1513 SADDLEWOODE DR
City-St-Zip: FORT MYERS, FL 33919

Title: VCD ( ) Delete
Name: WILLIAMS, ROBERT
Address: 1527 SADDLE WOOD DR
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: FRANK, ANGIE
Address: 1517 SADDLEWOODE DR
City-St-Zip: FORT MYERS, FL 33919

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENI SCHULZ T 03/24/2009

Electronic Signature of Signing Officer or Director — Date