FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 28 AM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750098 (6)

1. Corporation Name
MYERLEE CIRCLE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6945 DOG LEG WAY FORT MYERS FL 33919	6945 DOG LEG WAY FORT MYERS FL 33919

3. Date Incorporated or Qualified: 12/07/1979
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-1419057 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DECKER, BEN C. 6916 BIRDIE WAY 2133 WINKLER AVE. P.O. BOX 6844 FT. MYERS, 33919	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	99 ☐ Change ☐ Addition
NAME	LOOMIS, ARTHUR	12 NAME	ROBERT OWENS	
STREET ADDRESS	6926 DOG LEG WAY	13 STREET ADDRESS	6916 TRIE WAY	
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	FT. MYERS, FL	
TITLE	D	21 TITLE	D	XX ☐ Change ☐ Addition
NAME	FAUST, LOUISE	22 NAME	CHARLES MAIORE	
STREET ADDRESS	6936 DOG LEG WAY	23 STREET ADDRESS	6932 BIRDIE WAY	
CITY-ST-ZIP	FT MYERS, FL 00000	24 CITY-ST-ZIP	FT. MYERS, FL.	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	ABRAMS, JEROME	32 NAME		
STREET ADDRESS	6025 PAR WAY	33 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 00000	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	XX ☐ Change ☐ Addition
NAME	NIEBLER, CHESTER L.	42 NAME	ALLEN HELD	
STREET ADDRESS	6927 DOGLEG WAY	43 STREET ADDRESS	6933 DOGLEG WAY	
CITY-ST-ZIP	FT MYERS, FL 00000	44 CITY-ST-ZIP	FT. MYERS, FL.	
TITLE	D	51 TITLE	D	XX ☐ Change ☐ Addition
NAME	HARTLEB, BILLIE J	52 NAME	JUDITH PERCH	
STREET ADDRESS	6924 BIRIE WAY	53 STREET ADDRESS	1221 MYERLEE COUNTRY CLUB	
CITY-ST-ZIP	FT. MYERS FL	54 CITY-ST-ZIP	FT. MYERS, FL.	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SHAPIRO, HARRY	62 NAME		
STREET ADDRESS	6913 TEE WAY	63 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/28/95 (813) 939-3224
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT OWENS

0000010