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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **750098** **(6)**

1. Corporation Name

MYERLEE CIRCLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6945 DOG LEG WAY FORT MYERS FL 33919	6945 DOG LEG WAY FORT MYERS FL 33919-6637

3. Date Incorporated or Qualified: **12/07/1979**
3a. Date of Last Report: **01/31/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-1419057** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DECKER, BEN C.
6916 BIRDIE WAY
2133 WINKLER AVE. P.O. BOX 6844
FT. MYERS, 33919

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OWENS, ROBERT		1.2 NAME		
STREET ADDRESS	6916 TRIE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, DONALD		2.2 NAME		
STREET ADDRESS	6916 PAR WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	D V.P.	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ABRAMS, JEROME		3.2 NAME		
STREET ADDRESS	6925 PAR WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HELD, ALLEN		4.2 NAME		
STREET ADDRESS	6933 DOGLEG WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	NADINE GUNSAULUS Secy.	☐ Change ☒ Addition
NAME	PERCH, JUDITH		5.2 NAME		
STREET ADDRESS	1221 MYERLEE COUNTRY CLUB		5.3 STREET ADDRESS	1329 MYERLEE COUNTRY CLUB BLVD.	
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D PRES.	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SHAPIRO, HARRY		6.2 NAME		
STREET ADDRESS	6913 TEE WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ VIRGINIA BUONOCORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0055672