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May 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 6945 DOG LEG WAY
FORT MYERS FL 33919 FORT MYERS FL 33919

3. Date Incorporated or Qualified
12/07/1979

4. FEI Number 59-1419057 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BECKER, BEN C.~~
~~6016 BIRNIE WAY~~
~~2133 WINKLER AVE. P.O. BOX 6844~~
~~FT. MYERS, 33919~~

81 Name NADINE GUNSAULUS
82 Street Address (P.O. Box Number is Not Acceptable)
1329 MYERLEE C.C. BLVD.
83
84 City FT. MYERS FL 85 Zip Code 33919

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 Nadine Gunsaulus, Pres. 4/14/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	OWENS, ROBERT	
STREET ADDRESS	0016 TRIE WAY	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	☒ DELETE
NAME	JONES, DONALD	
STREET ADDRESS	0016 PAR WAY	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DVP	☒ DELETE
NAME	ABRAMS, JEROME	
STREET ADDRESS	0025 PAR WAY	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	D	☒ DELETE
NAME	HELD, ALLEN	
STREET ADDRESS	0033 DOGLEG WAY	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	X	☐ DELETE
NAME	GUNSAULUS, NADINE	
STREET ADDRESS	1329 MYERLEE COUNTRY CLUB BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	DP	☒ DELETE
NAME	SHAPIRO, HARRY	
STREET ADDRESS	0013 TEE WAY	
CITY-ST-ZIP	FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	T/O Kemper, Alice
2.3 STREET ADDRESS	6932 Dog Leg Way
2.4 CITY-ST-ZIP	Ft. Myers, Fl. 33907
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	VP/O Buonocore, Virginia
3.3 STREET ADDRESS	1351 Bunker Way
3.4 CITY-ST-ZIP	Ft. Myers, Fl. 33919
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	S/O Myers, Mary F.
4.3 STREET ADDRESS	6921 Birdie Way
4.4 CITY-ST-ZIP	Ft. Myers, Fl. 33919
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	P/O
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	Connell, Jack
6.3 STREET ADDRESS	0016 Myerlee CC Blvd
6.4 CITY-ST-ZIP	Ft. Myers, Fl. 33912

14. I 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: Nadine Gunsaulus NADINE GUNSAULUS 4/14/98 (941)481-3715

CP2E037 (10/97)