FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State
04-19-1999 90109 048 ****61.25

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DOCUMENT # 750098

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/07/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1419057 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GUNSAULUS, NADINE
1329 MYERLEE CC BLVD
FT MYERS FL 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	June Greene
STREET ADDRESS	6916 TRIE WAY		1.3 STREET ADDRESS	6917 Par Way
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KEMPER, ALICE		2.2 NAME	
STREET ADDRESS	6932 DOG LEG WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL ~~33907~~		2. 4 CITY-ST-ZIP	33919
TITLE	VPD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BUONOCORE, VIRGINIA		3.2 NAME	Claire Shapiro
STREET ADDRESS	1351 BUNKER WAY		3.3 STREET ADDRESS	6913 Tee Way
CITY-ST-ZIP	FT MYERS, FL 00000 33919		3.4. CITY-ST-ZIP	Fort Myers, FL 33919
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MYERS, MARY F		4. 2 NAME	
STREET ADDRESS	6921 BIRDIE WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000 33919		4.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GUNSAULUS, NADINE		5.2 NAME	
STREET ADDRESS	1329 MYERLEE COUNTRY CLUB BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP	33919
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Nadine Gunsaulus SIGNATURE REQUIRED 4/12/99 (941) 481-2715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Nadine Gunsaulus

CR2E037 (11/98)