2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: MOIGNETTALE REQUIRED

FILED DOCUMENT # 750098 May 05, 2000 8:00 am Secretary of State MYERLEE CIRCLE CONDOMINIUM ASSOCIATION, INC. 05-05-2000 90051 009 ****61.25 Mailing Address Principal Place of Business 6945 DOG LEG WAY 6945 DOG LEG WAY FORT MYERS FL 33919-6637 FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. -- City & State------4.- FEI: Number Applied For _City.& State._--59-1419057 Not Applicable \$8.75 Additional Zio Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **GUNSAULUS, NADINE** 1329 MYERLEE CC BLVD FT MYERS FL 33919 Zip Code 8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Addition TITLE TITLE **X**Delete GREENE, JUNE NAME David Lowry 6917 PAR WAY STREET ADDRESS STREET ADDRESS 6911 Birdie Way CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33919 Ft.-Myers, -FL TD ☐ Delete TITLE **X**Addition TITLE KEMPER, ALICE NAME Wanda Stapela NAME 6932 DOG LEG WAY STREET ADDRESS 6929 Birdie Way STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33919 Ft. Myers, FL 33919 ☐ Change Addition **VPD** TITLE TITLE ☐ Delete SHAPIRO, CLAIRE NAME Nancy Slusser STREET ADDRESS STREET ADDRESS **6913 TEE WAY** l313 Myerlee Country Club Blvd. CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33919 Ft. Myers, FL 33919 ☐ Change ☐ Addition -- Delete TITLE -TITLE MYERS, MARY F NAME STREET ADDRESS STREET ADDRESS 6921 BIRDIE WAY CITY-ST-ZIP CITY-ST-ZIP FT MYERS, FL 00000 33919 TITLE ☐ Change ☐ Delete Addition GUNSAULUS, NADINE NAME NAME STREET ADDRESS STREET ADDRESS 1329 MYERLEE COUNTRY CLUB BLVD CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33919 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

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Date Daytime Phone #