

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90032 044 ****61.25

DOCUMENT # 750098

1. Entity Name

MYERLEE CIRCLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1419057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GUNSAULUS, NADINE
 1329 MYERLEE CC BLVD
 FT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name **RUDOLPH K. MATLAND**

Street Address (P.O. Box Number is Not Acceptable)

12995 S. CLEVELAND AVE. STE. 107

City **FT. MYERS**

FL

Zip Code **33907**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/16/01

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAPELA, WANDA 6929 BIRDIE WAY FT. MYERS FL 33919 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEMPER, ALICE 6932 DOG LEG WAY FT MYERS FL 33919 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHAPIRO, CLAIRE 6913 TEE WAY FT MYERS FL 33919 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYERS, MARY F 6921 BIRDIE WAY FT MYERS, FL 00000 33919 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUNSAULUS, NADINE 1329 MYERLEE COUNTRY CLUB BLVD FT MYERS FL 33919 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWRY, DAVID 6911 BIRDIE WAY FORT MYERS FL 33919 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANGE, SHIRLEY COST 6927 DOG LEG WAY FT. MYERS, FL 33919 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLANAGAN, BARBARA 1249 MYERLEE C.C. BLVD. FT. MYERS, FL 33919 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Slusser, Nancy 1313 MYERLEE C.C. BLVD. FT. MYERS, FL 33919 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barnes, Doris 1367 BUNKER WAY FT. MYERS, FL 33919 ☐ Change ☒ Addition

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

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01

Date

Daytime Phone #

CR2E037 (10/00)