2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91295 033 ****61.25

DOCUMENT # 750098

1. Entity 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

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
MAITLAND, RUDPOLH K 12995 S CLEVELAND AVE STE 107 FORT MYERS FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP & D STAPELA, WANDA 6929 BIRDIE WAY FT. MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN PAPPAS 6928 MYERLEE COUNTRY CLUB FT. MYERS, FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LANGE, SHIRLEY C 6927 DOG LEY WAY FT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVID LOWRY 6911 BIRDIE WAY FT. MYERS, FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FLANAGAN, BARBARA 1249 MYLER LEE CC BLVD FT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MYERS, MARY F. 6921 BIRDIE WAY FORT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. SLUSSER, NANCY 1313 MYER LEE CC BLVD FT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNES, DORIS 1367 BUNKER WAY FORT MYERS FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED Mary Frances Myers MARY FRANCES MYERS 5-20-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone