2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

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

02012005 No Chg-NP CR2E037 (10/03)

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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

MAITLAND, RUDPOLH K
12995 S CLEVELAND AVE
STE 107
FORT MYERS, FL 33907

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	OWENS, ROBERT
STREET ADDRESS	6919 TEE WAY
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	DTS
NAME	LANGE, SHIRLEY C
STREET ADDRESS	6927 DOG LEG WAY
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	P
NAME	GUNSAULUS, DONALD
STREET ADDRESS	1329 MYERLEE COUNTRY CLUB
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	RAY, WILMA
STREET ADDRESS	6925 PAR WAY
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	LOWRY, DAVID
STREET ADDRESS	6911 BIRDIE WAY
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	PAPPAS, JOHN
STREET ADDRESS	6928 MYERLEE COUNTRY CLUB
CITY-ST-ZIP	FORT MYERS, FL 33919

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02/14/05-80012-002 61.25

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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: Shirley D. Cosh Lange 2-07-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #