

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750098

FILED
Apr 22, 2009
Secretary of State

Entity Name: MYERLEE CIRCLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6945 DOG LEG WAY
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

6945 DOG LEG WAY
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 59-1419057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCDOWALL, BILL
Address: 1363 EAGLE WAY
City-St-Zip: FORT MYERS, FL 33919

Title: S () Delete
Name: FEARICK, ANNA
Address: 6916 PAR WAY
City-St-Zip: FORT MYERS, FL 33919

Title: T () Delete
Name: GALLIGAN, PAT
Address: 1359 MYERLEE COUNTRY CLUB BLVD.
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: SLUSSER, NANCY
Address: 1313 MYERLEE COUNTRY CLUB BLVD.
City-St-Zip: FORT MYERS, FL 33919

Title: VP () Delete
Name: SECORA, KEN
Address: 6925 BIRDIE WAY
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WYNBERG, LARRY
Address: 1366 EAGLE WAY
City-St-Zip: FORT MYERS, FL 33919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PAPPAS, AMELIA
Address: 6928 MYERLEE COUNTRY CLUB BLVD.
City-St-Zip: FORT MYERS, FL 33919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: STEPHANS, OREN
Address: 6932 DOG LEG WAY
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUDOLPH K. MATLAND

RA

04/22/2009

Electronic Signature of Signing Officer or Director

Date