

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90079 017 *****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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **STAPELA, WANDA**
STREET ADDRESS **6929 BIRDIE WAY**
CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE **TD** ☐ Delete
NAME **LANGE, SHIRLEY C**
STREET ADDRESS **6927 DOG LEY WAY**
CITY-ST-ZIP **FT-MYERS FL 33919**

TITLE **SD** ☐ Delete
NAME **FLANAGAN, BARBARA**
STREET ADDRESS **1249 MYLER LEE CC BLVD**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **PD** ☐ Delete
NAME **MYERS, MARY F**
STREET ADDRESS **6921 BIRDIE WAY**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☐ Delete
NAME **SLUSSER, NANCY**
STREET ADDRESS **1313 MYER LEE CC BLVD**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **D** ☐ Delete
NAME **PAPPAS, JOHN**
STREET ADDRESS **6928 MYERLEE COUNTRY CLUB**
CITY-ST-ZIP **FORT MYERS FL 33919**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPS** ☐ Change ☐ Addition
NAME **ROBERT OWENS**
STREET ADDRESS **6916 TEE WAY**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **D** ☐ Change ☐ Addition
NAME **LEONARD POWERS**
STREET ADDRESS **6925-BIRDIE-WAY**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **D** ☐ Change ☐ Addition
NAME **DONALD GUNSAULUS**
STREET ADDRESS **1329 MYERLEE COUNTRY CLUB**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of John Pappas

3-25-03 239-482-7548

CR2E037 (10/02)