2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757868

FILED Jul 05, 2006 Secretary of State

Entity Name: MYERLEE GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1351 MYERLEE GARDEN AVE.,S.W. 1351 MYERLEE GARDEN AVE.,S.W.

FT. MEYERS, FL 33919 FORT MYERS, FL 33919

Current Mailing Address: New Mailing Address:

1351 MYERLEE GARDEN AVE.,S.W. C/O ALLIANT PROPERTY MGMT., LLC FT. MEYERS, FL 33919 C/O WINKLER RD., SUITE 2

FORT MYERS, FL 33919

FEI Number: 59-2120987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GALLIGAN, PATRICK
6867 SANTRAP DRIVE
FORT MYERS, FL 33919
US
ALLIANT PROPERTY MGMT, LLC
6700 WINKLER RD., SUITE 2
FORT MYERS, FL 33919
US

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: MILLIE STROHM 07/05/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: CT () Delete Title: T/D (X) Change () Addition

 Name:
 GALLIGAN, PATRICK
 Name:
 GALLIGAN, PATRICK

 Address:
 6867 SANDTRAP DRIVE
 Address:
 6867 SANDTRAP DRIVE

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:
 FORT MYERS, FL 33919

Title: VC () Delete Title: P/D (X) Change () Addition Name: RAMSEY, MARY LOU Name: RAMSEY, MARY LOU

 Name:
 RAMSEY, MARY LOU
 Name:
 RAMSEY, MARY LOU

 Address:
 6882 BOGEY DRIVE
 Address:
 6882 BOGEY DRIVE

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:
 FORT MYERS, FL 33919

 $\label{eq:title:SD} {\sf Title:} \qquad {\sf S} \qquad {\sf (\)} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf S/D} \qquad {\sf (X)} \ {\sf Change} \ {\sf (\)} \ {\sf Addition}$

 Name:
 GUMBEL, JOAN
 Name:
 GUMBEL, JOAN

 Address:
 6884 BOGEY DRIVE
 Address:
 6884 BOGEY DRIVE

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:
 FORT MYERS, FL 33919

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 NEWELL, EDWARD
 Name:
 ALBRECHT, MARYLN

 Address:
 6815 BOGEY DRIVE
 Address:
 6805 BOGEY DRIVE

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:
 FORT MYERS, FL 33919

Title: D () Delete Title: () Change () Addition

 Name:
 PARKINSON, GERALDINE
 Name:

 Address:
 6890 SANDTRAP DRIVE
 Address:

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MILLIE STROHM AGEN 07/05/2006