## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 21, 2008 8:00 am Secretary of State

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DOCUMENT # 757868  1. Entity Name MYERLEE GARDENS CONDOMINIUM ASSOCIATION, INC.								02-21-2008 9	90033 0	13 ****61	.25
Principal Place of Business 6719 WINKLEE ROAD SUITE 200 FORT MYERS, FL 33919		Mailing Address 6719 Winklee Road Suite 200 Fort Myers, FL 33919				•					
2. Principal Place of Business - No P.O. Box #		U I	3. Mailing Address Unl9 Winkler Rd								
Suite, Apt. #, etc. SWITE 200			Suite, Apt. #, etc. Suite 200				02042008 Chg-NP CR2E037 (12/06)				
City & State			City & State				50.0400007			Applied For Not Applicable	
Zip	p Country Zi		P	untry	5. Certificate of Statu			atus Desired			
	6. Name and Address of Current	ed Agent				7. Name and Address of New Registered Agent					
ALLEN TO PROPERTY AND THE A					Name						
ALLIANT PROPERTY MGMT, LLC 6719 WINKLER ROAD SUITE 200					Street Address (P.O. Box Number is Not Acceptable)						
FORT MYERS, FL 33919											
				City					F	Zip Co	de
9. The characteristic submits this statement for the number of changing its regist					ad office o	e romintor	ad agant as bath	in the State of E		<del>_</del>	n and anont
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.											
I /// III III									<b>1</b> -	15-0	Ç
SIGNATURE .	Signature, typed or printed name of registered agent	ture required	2 - 1508 ad when reinstating) DATE								
Filing Fee is \$61.25  9. Election Campaign Financing Trust Fund Contribution.							\$5.00 May Be		Make che	ck payable	to
Due by May 1, 2008					ion.		Added to Fees	1 min 12	1.34	نو پېښه <u>لها د ن</u>	and the second second
10. OFFICERS AND DIRECTOR			<del></del>	11.		<del></del>	ADDITIONS/CHA	NGES TO OFFIC	ERS AND (		
TITLE	T/D COLLINS, JULIA				rle Me					☐ Change	Addition
STREET ADDRESS	1		ST		REET ADDRESS						
CITY-ST-ZIP	FORT MYERS, FL 33919				-ST-ZIP						
TITLE	P/D		☐ Delete	TITL						☐ Change	☐ Addition
NAME STREET ADDRESS	NEWELL, EDWARD 6815 BOGEY DR		NAI ete								
CITY-ST-ZIP	FORT MYERS, FL 33919			STREET ADDRESS CITY-ST-ZIP							
TITLE	S/D		Delete	TITL	<u> </u>	<d< td=""><td>Jessie</td><td>POMIC</td><td><u> </u></td><td>Change</td><td>☐ Addition</td></d<>	Jessie	POMIC	<u> </u>	Change	☐ Addition
NAME	BOULES, JESSIE			NAM	E		J <b>U</b> J31C	<u> </u>	-	<b>/</b> □,	
STREET ADDRESS	1343 SANDTRAP DR				ET ADDRESS						
CITY-ST-ZIP	FORT MYERS, FL 33919			-	-ST-ZIP	<u> </u>			<u> </u>	<del>\</del>	
TITLE NAME	D LICHTENNBERG, DENNIS		☐ Delete	TITL		D D	ennis L	<i>ichtent</i>	berg	<b>C</b> hange	☐ Addition
STREET ADDRESS	6872 SANDTRAP DR#2				ET ADDRESS	[					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS FORT MYERS, FL 33919

Julia ( Ollino Jrean John Marine and Typed on Printed Name of Signing Officer or Director

Delete

☐ Delete

2-15-08

VPD ban chisholm

6887 Sandtrap Dr

239-454-1101

☐ Change

☐ Change

Addition

Addition