

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-21-2008 90033 013 \*\*\*\*61.25

<b>DOCUMENT # 757868</b> 1. Entity Name <b>MYERLEE GARDENS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>6719 WINKLEE ROAD SUITE 200 FORT MYERS, FL 33919</b>			Mailing Address <b>6719 WINKLEE ROAD SUITE 200 FORT MYERS, FL 33919</b>		
2. Principal Place of Business - No P.O. Box # <b>6719 Winkler Rd</b>			3. Mailing Address <b>6719 Winkler Rd</b>		
Suite, Apt. #, etc. <b>Suite 200</b>			Suite, Apt. #, etc. <b>Suite 200</b>		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2120987</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ALLIANT PROPERTY MGMT, LLC 6719 WINKLER ROAD SUITE 200 FORT MYERS, FL 33919</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE  VP				DATE <b>2-15-08</b>	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D COLLINS, JULIA 6817 SANDTRAP DR FORT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D NEWELL, EDWARD 6815 BOGEY DR FORT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BOULES, JESSIE 1343 SANDTRAP DR FORT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jessie Bowles <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LICHTENBERG, DENNIS 6872 SANDTRAP DR#2 FORT MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dennis Lichtenberg <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Dan Chisholm 6887 Sandtrap Dr Ft Myers, FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 			Date <b>2-15-08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>239-454-1101</b>		