

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757868

FILED
Mar 18, 2009
Secretary of State

Entity Name: MYERLEE GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6719 WINKLER RD
SUITE 200
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

6719 WINKLER RD
SUITE 200
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 59-2120987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MGMT, LLC
6719 WINKLER ROAD
SUITE 200
FORT MYERS, FL 33919 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: T/D () Delete
Name: COLLINS, JULIA
Address: 6817 SANDTRAP DR
City-St-Zip: FORT MYERS, FL 33919

Title: P/D () Delete
Name: NEWELL, EDWARD
Address: 6815 BOGEY DR
City-St-Zip: FORT MYERS, FL 33919

Title: SD () Delete
Name: BOWIES, JESSIE
Address: 1343 SANDTRAP DR
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: LICHTENBERG, DENNIS
Address: 6872 SANDTRAP DR#2
City-St-Zip: FORT MYERS, FL 33919

Title: VPD () Delete
Name: CHISHOLM, DAN
Address: 6887 SANDTRAP DR
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: COLLINS, JULIA
Address: 6817 SANDTRAP DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: PD (X) Change () Addition
Name: NEWELL, EDWARD
Address: 6815 BOGEY DR
City-St-Zip: FORT MYERS, FL 33919

Title: VP (X) Change () Addition
Name: TERRELL, TOM
Address: 6815 SANDTRAP DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Change () Addition
Name: LICHTENBERG, DENNIS
Address: 6872 #2 SANDTRAP DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: SD (X) Change () Addition
Name: CHISHOLM, BILL
Address: 6887 SANDTRAP DRIVE
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: EDWARD NEWELL

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date