

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90020 001 \*\*\*\*61.25

|                                                                          |                                                                                   |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N25191</b>                                                 |  |
| 1. Entity Name<br><b>MYERLEE PARK WEST CONDOMINIUM ASSOCIATION, INC.</b> |                                                                                   |

|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>6916 CEDARHURST DR.<br/>FORT MYERS, FL 33919 US</b> | Mailing Address<br><b>6916 CEDARHURST DR.<br/>FORT MYERS, FL 33919 US</b> |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

40016000



01182007 Chg-NP CR2E037 (12/06)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1589283</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

|                                                                                                                                                            |  |                                                                                                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>BECKER &amp; POLIAKOFF, P.A.<br/>14241 METROPOLIS AVE.<br/>SUITE 100<br/>FT MYERS, FL 33912-0000</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 *Thomas J. Champagne* X **2-7-07**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

|                                                     |                                                                                                                        |                                                              |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BALDELLI, DARIO<br>6915 EDGEWATER CIR<br>FORT MYERS, FL 33919 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>DANTE DALLAS<br>1453 SADDLE WOODS DR.<br>FORT MYERS FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SPINA, NICK<br>1462 MYERLEE CC BLVD<br>FORT MYERS, FL 33919 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D/T<br>EILENE FICHERA<br>6915 EDGEWATER CIRCLE<br>FORT MYERS FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LATTUCA, JEAN<br>1446 MYERLEE C.C. BLVD<br>FORT MYERS, FL 33919 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>JIM NAVARRE<br>1473 SADDLE WOODS DR.<br>FORT MYERS FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CT<br>CHAMPAGNE, THOMAS<br>1466 MYERLEE CC BLVD<br>FORT MYERS, FL 33919 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MORSE, CHARLES<br>1466 MYERLEE C C BLVD<br>FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>DUTCH GREENE<br>1454 MYERLEE CC BLVD<br>FORT MYERS FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VC<br>CARROLL, ROBERT F<br>1497 SADDLE WOODS DR<br>FORT MYERS, FL 33919 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>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 *Thomas J. Champagne* 1-23-07