FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -6 AM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N37035** **(5)**

1. Corporation Name

TAMIAMI RENTERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% HARLAN R. DOMBER 333 SOUTH TAMIAMI TRAIL, STE. 199 VENICE FL 34285	% HARLAN R. DOMBER 333 SOUTH TAMIAMI TRAIL, STE. 199 VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1990
3a. Date of Last Report: 02/24/1994
4. FEI Number: 36-3706297 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o HARLAN R. DOMBER	26 c/o Harlan R. Domber, Esq.
Suite, Apt. #, etc. 22 2801 FRUITVILLE ROAD #150	Suite, Apt. #, etc. 27 2801 Fruitville Road, Suite 150
City & State 23 SARASOTA, FL 34237	City & State 28 Sarasota, FL
Zip / Country 24 34237 / 25	Zip / Country 29 34237 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOMBER, HARLAN R. 333 SOUTH TAMIAMI TRAIL SUITE 199 VENICE FL 34285	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2801 FRUITVILLE ROAD, [redacted] 83 SUITE 150 84 City: SARASOTA FL 85 Zip Code: 34237

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Harlan R. Domber 3/29/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when manually filing) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/D	☒ Change ☐ Addition
NAME	CALDWELL, JULES	12 NAME		
STREET ADDRESS	1 VENUS LA.	13 STREET ADDRESS		
CITY ST ZIP	N. FT. MYERS FL	14 CITY ST ZIP		
TITLE	VP	21 TITLE	P/D	☒ Change ☐ Addition
NAME	BRINGMAN, DON	22 NAME		
STREET ADDRESS	SATURN CIRCLE	23 STREET ADDRESS		
CITY ST ZIP	N. FT. MYERS FL	24 CITY ST ZIP		
TITLE	T	31 TITLE	TREASURER/DIRECTOR	☒ Change ☐ Addition
NAME	~~AUDREY MEINEKER~~	32 NAME	DENIS BOILEAU	
STREET ADDRESS	~~43 PLUTO CIRCLE~~	33 STREET ADDRESS	36 VENUS LN	
CITY ST ZIP	~~N. FT. MYERS FL~~	34 CITY ST ZIP	NO FT MYER FL 33903	
TITLE	S	41 TITLE	SECRETARY/DIRECTOR	☒ Change ☐ Addition
NAME	~~BENDIX, MARTHA~~	42 NAME	DORTHY WHKENS	
STREET ADDRESS	~~57 SATURN CIR.~~	43 STREET ADDRESS	9 SATUEN CIRCLE	
CITY ST ZIP	~~N. FT. MYERS FL~~	44 CITY ST ZIP	NO FT MYERS FL 33903	
TITLE	D	51 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	~~HARBERT, DON~~	52 NAME	LLOYD DILL	
STREET ADDRESS	~~29 VENUS LANE~~	53 STREET ADDRESS	33 SATURN CIR	
CITY ST ZIP	~~N. FT. MYERS FL~~	54 CITY ST ZIP	NO FT MYERS FL 33903	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MOLLEHOUR, MAX	62 NAME		
STREET ADDRESS	20 VENUS LANE	63 STREET ADDRESS		
CITY ST ZIP	N. FT. MYERS FL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: Jules V Caldwell JULES V CALDWELL 3-6-95 997-4996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019031