FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N37035 (5)

1. Corporation Name

TAMIAMI RENTERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O HARLAN R. DOMBER 2801 FRUITVILLE ROAD. #150 SARASOTA FL 34237 US	C/O HARLAN R. DOMBER. ESQUIRE 2801 FRUITVILLE ROAD. SUITE 150 SARASOTA FL 34237 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 03/07/1990
3a. Date of Last Report: 04/06/1995
4. FEI Number: 36-3706297 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOMBER, HARLAN R.
2801 FRUITVILLE ROAD
SUITE 150
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	CALDWELL, JULES		1.2 NAME	WILLIAM WEAVER	
STREET ADDRESS	1 VENUS LA.		1.3 STREET ADDRESS	30 PLUTO CIR	
CITY-ST-ZIP	N. FT. MYERS FL		1.4 CITY-ST-ZIP	NO FT MYERS FL	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRINGMAN, DON		2.2 NAME		
STREET ADDRESS	SATURN CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOILEAU, DENIS		3.2 NAME		
STREET ADDRESS	36 VENUS LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILKENS, DORTHY		4.2 NAME		
STREET ADDRESS	9 SATVIEN CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DILL, LLOYD		5.2 NAME		
STREET ADDRESS	33 SATURN CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MOLLEHOUR, MAX		6.2 NAME		
STREET ADDRESS	20 VENUS LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL		6.4 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)(k), 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 address.

SIGNATURE: _____ 3-13-96 941-997-4996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)