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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:41

DOCUMENT # 756896 (7)

1. Corporation Name

TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9235 CALOOSA DRIVE NORTH FORT MYERS FL 33903 US	9235 CALOOSA DRIVE NORTH FORT MYERS FL 33903 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1981
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2351945 ☐ 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
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

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

9. Name and Address of Current Registered Agent

STEWART, ROBERT
9063 FLAMINGO CIRCLE
NORTH FORT MYERS FL 33903

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 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 _____ 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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	COLLISON, WILLIAM	1.2 NAME		
STREET ADDRESS	251 CITRON WAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 00000	1.4 CITY-ST-ZIP		
TITLE	~~TD~~	2.1 TITLE	SCHWABE ROBERT TD	☒ Change ☐ Addition
NAME	~~WEIGAND, DORIS~~	2.2 NAME		
STREET ADDRESS	~~9122 FLAMINGO CIR~~	2.3 STREET ADDRESS	34 GALAXY WAY	
CITY-ST-ZIP	~~N FT MYERS FL~~	2.4 CITY-ST-ZIP	NO FT MYERS FL	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	HURST, RICHARD	3.2 NAME		
STREET ADDRESS	9235 CALOOSA DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	KASSON, JOHN	4.2 NAME		
STREET ADDRESS	9220 BONITA DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 00000	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, ROBERT	5.2 NAME		
STREET ADDRESS	9063 FLAMINGO CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 00000	5.4 CITY-ST-ZIP		
TITLE	~~D~~	6.1 TITLE	NADINE HEADRICK D	☒ Change ☐ Addition
NAME	~~GEER, LEWIS~~	6.2 NAME		
STREET ADDRESS	~~9087 FLAMINGO CIRCLE~~	6.3 STREET ADDRESS	125 CELESTIAL WAY	
CITY-ST-ZIP	~~N FT MYERS, FL 00000~~	6.4 CITY-ST-ZIP	NO FT MYERS FL	

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 address.

SIGNATURE: Richard Hurst RICHARD HURST 2-21-95 (813) 656-4521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000188