

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 # 756896 (7)
1. Corporation Name
TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, INC.



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

Mailing Address
**9235 CALOOSA DRIVE
NORTH FORT MYERS FL 33903
US**

3. Date Incorporated or Qualified
03/23/1981

3a. Date of Last Report
03/08/1995

2. Principal Place of Business
21 9071 FLAMINGO CIRCLE

2a. Mailing Address
26 9071 FLAMINGO CIRCLE

4. FEI Number
59-2351945

Applied For
☐ Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

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

23 City & State
NORTH FORT MYERS FL

28 City & State
NORTH FORT MYERS FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
33903

25 Country
US

29 Zip
33903

30 Country
US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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
PETER LONGJOHN

82 Street Address (P.O. Box Number is Not Acceptable)
9007 FLAMINGO CIRCLE

83

84 City
NORTH FORT MYERS FL

85 Zip Code
33903

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
[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE
March 11, 1996

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLISON, WILLIAM	
STREET ADDRESS	251 CITRON WAY	
CITY-ST-ZIP	N FT MYERS, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHWABE, ROBERT	
STREET ADDRESS	34 GALAXY WAY	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HURST, RICHARD	
STREET ADDRESS	9235 CALOOSA DR	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KASSON, JOHN	
STREET ADDRESS	9220 BONITA DR	
CITY-ST-ZIP	N FT MYERS, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEWART, ROBERT	
STREET ADDRESS	9063 FLAMINGO CIRCLE	
CITY-ST-ZIP	N FT MYERS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEADRICK, NADINE	
STREET ADDRESS	125 CELESTIAL WAY	
CITY-ST-ZIP	N FT MYERS, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SD
3.2 NAME	EVELYN DAMPIER
3.3 STREET ADDRESS	9071 FLAMINGO CIRCLE
3.4 CITY-ST-ZIP	NORTH FORT MYERS FL 33903
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PETER LONGJOHN
5.3 STREET ADDRESS	9007 FLAMINGO CIRCLE
5.4 CITY-ST-ZIP	NORTH FORT MYERS FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Schwabe *Tras* *2-22-96*

Date

Daytime Phone #

CR2E037 (12/95)