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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

9071 FLAMINGO CIRCLE
NORTH FORT MYERS FL 33903
US

Mailing Address

9071 FLAMINGO CIRCLE
NORTH FORT MYERS FL 33903-2131
US3. Date Incorporated or Qualified
03/23/19813a. Date of Last Report
03/13/19964. FEI Number
59-2351945Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 9277 DeSoto Drive

Suite, Apt. #, etc.

22 North Fort Myers

City & State

23 Florida

Zip

24 33903

Country

25 U.S.

2a. Mailing Address

26 9277 DeSoto Drive

Suite, Apt. #, etc.

27 North Fort Myers

City & State

28 Florida

Zip

29 33903

Country

30 U.S.

9. Name and Address of Current Registered Agent

LONGJOHN, PETER
9007 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 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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME COLLISON, WILLIAM
STREET ADDRESS 251 CITRON WAY
CITY - ST - ZIP N FT MYERS, FL 00000TITLE TD ☐ DELETE
NAME SCHWABE, ROBERT
STREET ADDRESS 34 GALAXY WAY
CITY - ST - ZIP N FT MYERS FLTITLE SD ☒ DELETE
NAME DAMPLER, EVELYN
STREET ADDRESS 9071 FLAMINGO CIRCLE
CITY - ST - ZIP NORTH FORT MYERS FL 33903TITLE D ☐ DELETE
NAME KASSON, JOHN
STREET ADDRESS 9220 BONITA DR
CITY - ST - ZIP N FT MYERS, FL 00000TITLE PD ☐ DELETE
NAME LONGJOHN, PETER
STREET ADDRESS 9007 FLAMINGO CIRCLE
CITY - ST - ZIP NORTH FORT MYERS FLTITLE D ☐ 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☒ Change ☐ Addition
3.2 NAME SD
3.3 STREET ADDRESS DAMPIER, EVELYN
3.4 CITY - ST - ZIP 9277 DeSoto Drive
North Fort Myers, Florida 339034.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ 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 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: Evelyn Dampier - Evelyn Dampier - 2-21-97 - 941-995-2752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0086044

CR2E037 (9/96)