

FILE NOW: FILING FEE IS \$61.25

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Feb 24 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756896 (7)**  
 1. Corporation Name  
**TAMAMI VILLAGE LOT OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>9277 DESOTO DRIVE NORTH FORT MYERS FL 33903 US</b>	Mailing Address <b>9071 FLAMINGO CIRCLE NORTH FORT MYERS FL 33903 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**9063 FLAMINGO CIR**  
**NORTH FORT MYERS FLA.**  
**33903**  
**HEE**

3. Date Incorporated or Qualified <b>03/23/1981</b>	4. FEI Number <b>59-2351945</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>LONGJOHN, PETER 9007 FLAMINGO CIRCLE NORTH FORT MYERS FL 33903</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Numbers Not Acceptable) 83 84 City 85 Zip Code
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**STEWART, ROBERT P.**  
**9063 FLAMINGO CIRCLE**  
**NORTH FORT MYERS FL 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 Robert P. Stewart (PRESIDENT) DATE FEB 12, 1998

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

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	DAMPIER, EVELYN	
STREET ADDRESS	9277 DESOTO DRIVE	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KASSON, JOHN	
STREET ADDRESS	9220 BONITA DR	
CITY-ST-ZIP	N FT MYERS, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LONGJOHN, PETER	
STREET ADDRESS	9007 FLAMINGO CIRCLE	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE	D	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FRANK CLEAVER	
4.3 STREET ADDRESS	9055 FLAMINGO CIRCLE	
4.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33903	
5.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROBERT P. STEWART	
5.3 STREET ADDRESS	9063 FLAMINGO CIRCLE	
5.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33903	
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STERLING CHAMBERLAIN	
6.3 STREET ADDRESS	9021 ARBOR DRIVE	
6.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33903	

14. I 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: ROBERT P. STEWART Robert P. Stewart FEB 13 1998 941-997-1066

CR2E037 (10/97)