

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90040 036 ****61.25

DOCUMENT # 756896

1. Entity Name

TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, INC.

Principal Place of Business

9021 ARBOR DRIVE
 NORTH FORT MYERS FL 33903
 US

Mailing Address

9021 ARBOR DRIVE
 NORTH FORT MYERS FL 33903
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2351945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHAMBERLAIN, STERLING L
9097 FLAMINGO CIRCLE
NORTH FORT MYERS FL 33903

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EARNST, HOWARD	
STREET ADDRESS	9096 FLAMINGO CIRCLE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STEWART, ROBERT P	
STREET ADDRESS	9063 FLAMINGO CIRCLE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DAMPIER, EVELYN	
STREET ADDRESS	9277 DESOTO DRIVE	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEAVER, FRANK	
STREET ADDRESS	9055 FLAMINGO CIRCLE	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	LONGJOHN, PETER	
STREET ADDRESS	9007 FLAMINGO CIRCLE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHAMBERLAIN, STERLING	
STREET ADDRESS	9021 ARBOR DRIVE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLEEN AUSTIN	
STREET ADDRESS	132 CELESTIAL WAY	
CITY-ST-ZIP	N. FORT MYERS, FL 33903	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES THOMPSON	
STREET ADDRESS	9090 FLAMINGO CIRCLE	
CITY-ST-ZIP	N. FORT MYERS, FL 33903	
TITLE	ALEX KOFFMAN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT	
STREET ADDRESS	198 HIBISCUS WAY	
CITY-ST-ZIP	N. FORT MYERS, FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIRGINIA CROFT	
STREET ADDRESS	4 GALAXY WAY	
CITY-ST-ZIP	N-FORT MYERS, FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Virginia Croft*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01

Date

941-995-4432

Daytime Phone #

CR2E037 (10/00)