756896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

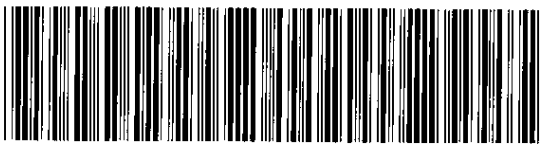
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800411739258

DIVISION OF CORPORATIONS

FILED

Mar 23 3 23 PM '81

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME PAUL NUCKOLLS

ADDRESS P.O. BOX 729

CITY FORT MYERS STATE FLA. ZIP CODE 33902

AREA CODE & PHONE NUMBER 813-334-3480

NAME OF CORPORATION JAMAICAN VILLAGE LOAN ASSOCIATION, INC.

BR

756896

FOR OFFICE USE ONLY

	DOMESTIC		AMENDMENT		SEARCH
	FOREIGN		DISSOLUTION		MERGER
	PROFIT		REINSTATEMENT		MARK
✓	NON-PROFIT		ANNUAL REPORT		RESERVATION
	LIMITED PARTNERSHIP		CERTIFICATE UNDER SEAL	✓	CERTIFIED COPY

WALK IN — WILL WAIT

WALK IN — WILL WAIT

3/24

NON-PROFIT CORP.

FILING	$30
C. COPY	5
R. AGENT	3
TOTAL	$38
BALANCE DUE $	
REFUND $	

PICKED UP

CORP 103
Rev. 1-79

FLORIDA — STATE OF THE ARTS

756896

FILED

Mar 23 3 23 PM '81

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, INC.

In compliance with the Laws of the State of Florida, we the undersigned, all of whom are residents of Lee County, Florida, and all of whom are of full age, have this day voluntarily associated ourselves together for the purpose of forming a corporation not for profit, and do hereby certify:

ARTICLE I

NAME

The name of the corporation is TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, INC., hereinafter called the "Association".

ARTICLE II

PRINCIPAL OFFICE

The principal office of the Association is located at 259 Orchard Way, North Fort Myers, Lee County, Florida, 33903.

ARTICLE III

REGISTERED AGENT

DONALD WASHBURN whose address is 259 Orchard Way, North Fort Myers, Florida, 33903, is hereby appointed the initial registered agent of this Association.

ARTICLE IV

PURPOSE AND POWERS OF THE ASSOCIATION

This Association does not contemplate pecuniary gain or profit to the members thereof, and the specific purpose for

NUCKOLLS, PARSONS, JOHNSON & FERNANDEZ
ATTORNEYS AT LAW
P. O. BOX 729
FORT MYERS, FLORIDA 33902
(813) 334-3488

fostering good public relations, and to promote and protect the mutual interests of all lot owners of Tamiami Mobile Village and to conduct any and all lawful business for which non-profit corporations may be incorporated under the Florida General Corporation Act.

ARTICLE V

DURATION

This corporation shall have perpetual existence.

ARTICLE VI

QUALIFICATION OF MEMBERS

The members of this corporation shall be the subscribers and lot owners of Tamiami Mobile Village, excepting companies, corporations and/or their agents, who are residents of Florida and who are interested in fostering good public relations and promoting and protecting the mutual interests of all lot owners. Members may apply for and be received into membership upon the payment of membership dues in such an amount as specified by the By-Laws of the corporation.

ARTICLE VII

BY-LAWS

The By-Laws of the Corporation shall be made by the Board of Directors and may be amended, altered or rescinded by a 2/3 majority of the Board of Directors present at any regular or special meeting called for that purpose.

ARTICLE VIII

AMENDMENTS

NUCKOLLS, PARSONS, JOHNSON & FERNANDEZ
ATTORNEYS AT LAW
P. O. BOX 720
FORT MYERS, FLORIDA 33902
(813) 334-3488

Amendments to the Articles of Incorporation shall be adopted by a two-thirds majority vote of the Board of Directors at any regular or special meeting called for that purpose and proposed by the Board of Directors to the membership. A two-thirds majority vote of all members present and entitled to vote at a duly constituted meeting of the membership called for that purpose shall be necessary to amend the Articles of Incorporation.

ARTICLE IX

MANAGEMENT OF CORPORATION

The affairs and business of this corporation shall be conducted and managed by the Board of Directors of the corporation and a President, such number of Vice-Presidents, a Secretary and Treasurer, and such other officers as may be provided in the By-Laws. The officers shall be members of the Board.

The number of officers may be increased from time to time as provided in the By-Laws. This corporation shall initially have eight (8) directors but in no event, shall the Board of Directors consist of more than nine (9) nor less than four (4) directors. Said officers and Board of Directors of the corporation shall be elected at the annual meeting of the membership for such terms as may be prescribed in the By-Laws, and the Board of Directors may be comprised, in whole or in part, by the officers of the corporation.

ARTICLE X

OFFICERS

The officers of this corporation, who are to serve until the first election are:

NUCKOLLS, PARSONS, JOHNSON & FERNANDEZ
ATTORNEYS AT LAW
P. O. BOX 799
PORT RIVERS, FLORIDA 33568
(813) 234-3600

NAME	ADDRESS	OFFICE
DONALD WASHBURN	259 Orchard Way North Fort Myers, Fl. 33903	President
IKE DE KRAKER	121 Celestial Way North Fort Myers, Fl. 33903	Vice- President
BERTHA WILKINS	252 Orchard Way North Fort Myers, Fl. 33903	Secretary
GRACE KARMAZYN	112 Celestial Way North Fort Myers, Fl. 33903	Treasurer

ARTICLE XI

DIRECTORS

The Directors of this corporation, who are to serve until the first election are:

NAME	ADDRESS	OFFICE
DONALD WASHBURN	259 Orchard Way North Fort Myers, Fl. 33903	President & Director
IKE DE KRAKER	121 Celestial Way North Fort Myers, Fl. 33903	Vice-President & Director
BERTHA WILKINS	252 Orchard Way North Fort Myers, Fl. 33903	Secretary & Director
GRACE KARMAZYN	112 Celestial Way North Fort Myers, Fl. 33903	Treasurer & Director
BILL COLLISON	251 Citron Way North Fort Myers, Fl. 33903	Director
CHARLIE TAYLOR	129 Celestial Way North Fort Myers, Fl. 33903	Director
ROY ECKSTROM	160 Celestial Way North Fort Myers, Fl. 33903	Director
ED KARMAZYN	112 Celestial Way North Fort Myers, Fl. 33903	Director

ARTICLE XII

SUBSCRIBERS

MUCKOLLS, PARSONS,
JOHNSON & FERNANDEZ
ATTORNEYS AT LAW
P. O. BOX 170
FORT MYERS, FLORIDA 33902
(813) 334-3400

The subscribers of this corporation are:

NAME	ADDRESS	OFFICE
DONALD WASHBURN	259 Orchard Way North Fort Myers, Fl. 33903	President & Director
IKE DE KRAKER	121 Celestial Way North Fort Myers, Fl. 33903	Vice-President & Director
BERTHA WILKINS	252 Orchard Way North Fort Myers, Fl. 33903	Secretary & Director
GRACE KARMAZYN	112 Celestia Way North Fort Myers, Fl. 33903	Treasurer & Director

IN WITNESS WHEREOF, the undersigned subscribers have exectued these Articles of Incorporation this 20th day of March, 1981.

DONALD WASHBURN

IKE DE KRAKER

BERTHA WILKINS

GRACE KARMAZYN

STATE OF FLORIDA)
COUNTY OF LEE)

BEFORE ME, a Notary Public authorized to take acknowlegments in the State and County set forth above, personally appeared DONALD WASHBURN, known to me and known by me to be the person who executed the foregoing Articles of Incorporation and he acknowledged before me that he exected these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid

NUCKOLLS, PARSONS, JOHNSON & FERNANDEZ
ATTORNEYS AT LAW
P. O. BOX 778
FORT MYERS, FLORIDA 33902
(813) 334-3888

this 20th day of March, 1981.

Linda J. Hayslip
NOTARY PUBLIC

My Commission Expires:

MY COMMISSION EXPIRES FEB. 12, 1984

STATE OF FLORIDA)
COUNTY OF LEE)

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared IKE DE KRAKER, known to me and known by me to be the person who executed the foregoing Articles of Incorporation and he acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, this 20th day of March, 1981.

Linda J. Hayslip
NOTARY PUBLIC

My Commission Expires:

MY COMMISSION EXPIRES FEB. 12, 1984

STATE OF FLORIDA)
COUNTY OF LEE)

BEFORE ME, a Notary Public Authorized to take acknowlegments in the State and County set forth above, personally appeared BERTHA WILKINS, known to me and known by me to be the person who executed the foregoing Articles of Incorporation and she acknowledged before me that she executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and

HUCKOLLS, PARSONS, JOHNSON & FERNANDEZ
ATTORNEYS AT LAW
P. O. BOX 720
FORT MYERS, FLORIDA 33902
(813) 334-3400

official seal in the county and state aforesaid, this 20th day of March, 1981.

NOTARY PUBLIC

My Commission Expires:
Notary Public, State of Florida at Large
My Commission Expires June 8, 1984
Bonded By American Fire & Casualty Company

STATE OF FLORIDA)
COUNTY OF LEE)

BEFORE ME, a Notary Public authorized to take acknowlegements in the State and County set forth above, personally appeared GRACE KARMAZYN, known to me and known by me to be the person who executed the foregoing Articles of Incorporation and she acknowledged before me that she executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal in the county and state aforesaid, this 20th day of March, 1981.

NOTARY PUBLIC

My Commission Expires:

MY COMMISSION EXPIRES FEB 18, 1984

NUCKOLLS, PARSONS, JOHNSON & FERNANDEZ
ATTORNEYS AT LAW
P. O. BOX 398
FORT MYERS, FLORIDA 33902
(813) 334-3488

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST--THAT TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, INC. (Name of Corporation)

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF North Fort Myers (City), STATE OF Florida (State),

HAS NAMED DONALD WASHBURN (Name of Registered Agent), LOCATED AT

259 Orchard Way (Street Address and Number of Building),

CITY OF North Fort Myers (City), STATE OF FLORIDA, AS ITS AGENT

TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

FILED
MAR 23 2 23 PM '81
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACKNOWLEDGMENT:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION, AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISION OF SAID ACT RELATIVE TO KEEPING OPEN SAID OFFICE.

BY: Donald Washburn
DONALD WASHBURN
REGISTERED AGENT

DATED this 20th day of March, 1981.

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

1982

George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Feb ... 1982

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $10 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office

756896
TAMIAMI VILLAGE LOT OWNERS ASSOCIATION,INC
259 ORCHARD WAY
NO FT MYERS,FLORIDA 33903

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address
P.O. Box No.
City
State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 03/23/1981

4. Federal Employer Identification Number (FEIN): N/A

5. Date of Last Report:

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
WASHBURN, DONALD	P/D	259 ORCHARD WAY	NO FT MYERS,FL
DE KRAKER, IKE	V/D	121 CELESTIAL WAY	NO FT MYERS,FL
WILKINS, BERTHA	S/D	252 ORCHARD WAY	NO FT MYERS,FL
KARMAZYN, GRACE	T/D	112 CELESTIAL WAY	NO FT MYERS,FL
COLLISON, BILL	D	251 CITRON WAY	NO FT MYERS,FL
TAYLOR, CHARLIE	D	129 CELESTIAL WAY	NO FT MYERS,FL

Registered Agent Information

7. Name and Address of Current Registered Agent

WASHBURN, DONALD
259 ORCHARD WAY
NORTH FT MYERS,FLORIDA 33903

8. Name and Address of New Registered Agent

Name
Street Address (Do NOT Use P.O. Box No.)
City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation organized under the laws of the State of Florida 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 resolution duly adopted by its Board of Directors on

SIGNATURE ______ DATE ______
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. See Signature Instructions Under Notice on Reverse Side of This Form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature: [signature]

Date: January 14, 1982

Typed Name of Signing Officer: Donald Washburn

Title: President

Telephone Number: 813 995-0827

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

1983

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

George Firestone
Secretary of State

(DO NOT WRITE IN THIS SPACE)
FILED
JAN 19 [illegible] AM 1983
SECRETARY OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required —Make Checks Payable To: Secretary of State, FLORIDA

1. Name and Address of Corporation Principal Office

756896
TAMIAMI VILLAGE LOT OWNERS ASSOCIATION,INC
259 ORCHARD WAY
NO FT MYERS,FLORIDA 33903

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address:
P.O. Box No.:
City:
State: Zip Code:

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
03/23/1981		02/03/1982

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
WASHBURN, DONALD	P/D	259 ORCHARD WAY	NO FT MYERS,FL
DE KRAKER, IKE	V/D	121 CELESTIAL WAY	NO FT MYERS,FL
WILKINS, BERTHA	S/D	252 ORCHARD WAY	NO FT MYERS,FL
KARMAZYN, GRACE	T/D	112 CELESTIAL WAY	NO FT MYERS,FL
COLLISON, BILL	D	251 CITRON WAY	NO FT MYERS,FL
TAYLOR, CHARLIE	D	129 CELESTIAL WAY	NO FT MYERS,FL

Registered Agent Information

7. Name and Address of Current Registered Agent

WASHBURN, DONALD
259 ORCHARD WAY
NORTH FT MYERS,FLORIDA 33903

8. Name and Address of New Registered Agent

Name:
Street Address (Do NOT Use P.O. Box Number):
City, State and Zip Code:

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, Its Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature: Donald Washburn
Date: January 5, 1983
Typed Name of Signing Officer: Donald Washburn
Title: Director /President
Telephone Number: 995-0827

COR 620 (1/83)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1984

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
APPROVED
AND
FILED
JUN 18 9 47 AM 1984
DEPT OF STATE
CORPORATIONS DIVISION
SECRETARY OF STATE FLORIDA

◄ Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

256896
TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, IN
~~258 ORCHARD WAY~~
NO FT MYERS, FLORIDA 33903

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address: 2645 U.S. 41 N.
P.O. Box No.:
City: No Ft Myers, Florida 33903
State: Zip Code:

3. Date Incorporated or Qualified To Do Business in Florida: 03/23/1981

4. Federal Employer Identification Number (FEIN): 59-2351945

5. Date of Last Report: 01/19/1983

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1. COLLISON, WILLIAM	P/D	251 CITRON WAY	NO PT MYERS, FL
2. KARMAZYN, EDWARD	V/D	112 CELESTIAL WAY	NO PT MYERS, FL
3. STEWART, DOROTHY F.	S/D	55 RAINBOW LANE	NO PT MYERS, FL
4. FRY, ALICE B.	T/D	20 GALAXY WAY	NO PT MYERS, FL
5. SANTORO, LARRY	D	9006 ARBOR DRIVE	NO PT MYERS, FL
6. BROWN, GENE	D	134 CELESTIAL WAY	NO PT MYERS, FL

Registered Agent Information

7. Name and Address of Current Registered Agent

~~WASHBURN, DONALD~~
~~258 ORCHARD WAY~~
NORTH FT MYERS, FLORIDA 33903

8. Name and Address of New Registered Agent

Name: William Collison
Street Address (Do NOT Use P.O. Box Number): 251 Citron Way, Tamiami Village
City, State and Zip Code: N. Ft. Myers, Fl 33903

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on January 16, 1984

SIGNATURE William Collison (Registered Agent Accepting Appointment) DATE March 6, 1984

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath

Signature: Dorothy F. Stewart
Date: March 6, 1984
Typed Name of Signing Officer: Dorothy F. Stewart
Title: Secretary
Telephone Number: 813 997 5714

11. *Should you desire a certificate of status check the box below and include an additional $5.00 with your payment.*

CERTIFICATE OF STATUS DESIRED ☐
$5 Additional fee required for certificates.

COR 620 (1-84)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1985

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
APPROVED
AND
FILED

◀ **Read Notice and Instructions on Other Side Before Making Entries.** 2 ▶2

Filing Fee of $20 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office.

756896 7
TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, IN
2645 US 41, N
N FT MYERS, FL 33903

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address If Corporation Principal Office P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No.

City

State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEI)	5. Date of Last Report
03/23/1981	59-2351945	06/18/1984

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1984

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
1.	Collison, William	P/D	251 Citron Way	N. Ft. Myers, Fl	0000
2.	Karmazyn, Edward	V/D	112 Celestial Way	N. Ft. Myers, Fl	0000
3.	Jacobs, Kate	S/D	9011 Flamingo Circle	N. Ft. Myers, Fl	
4.	Fry, Alice B.	T/D	20 Galaxy Way	N. Ft. Myers, Fl	
5.	Santoro, Larry	D	9006 Arbor Dr.	N. Ft. Myers, Fl	33903
6.	Oldham, Melvin	D	9147 Flamingo Circle	N. Ft. Myers, Fl	
7.	Atkinson, Paul	D	210 Tangelo Way	N. Ft. Myers, Fl	00
8.	Taylor, Charles	D	129 Celestial Way	N. Ft. Myers, Fl	
9	JOSEPH JACOBS	D	9011 FLAMINGO CIRCLE		0000

Registered Agent Information

7. Name and Address of Current Registered Agent

COLLISON, WILLIAM
251 CITRON WAY, TAMIAMI VILLAGE
FT MYERS, FL 33903

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____
I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form.*
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer signing must be listed in Block 6).

Signature: William Collison
Date: June 12, 1985
Typed Name of Signing Officer: William Collison
Title: President
Telephone Number: 813-995-3637

11. Should you desire a certificate of status check the box.
CERTIFICATE OF STATUS DESIRED ☐
$5 additional fee required for a Certificate of Status

GREEN / FIRST

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1986

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
APPROVED
AND
FILED
1986 MAY 21 10:00 03

◄ Read Notice and Instructions on Other Side Before Making Entries ►
Filing Fee of $20 Required — Make Checks Payable To: *Secretary of State*

1 Name and Address of Corporation Principal Office:

756896 7
TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, INC.
2645 US 41, N
N FT MYERS, FL 33903

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida	4 Federal Employer Identification Number (FEIN)	5 Date of Last Report
03/23/1981	59-2351945	07/24/1985

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1985

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
COLLISON, WILLIAM	P/D	251 CITRON WAY	N FT MYERS, FL	00000
KARMAZYN, EDWARD	V/D	112 CELESTIAL WAY	N FT MYERS, FL	00000
JACOBS, KATE	S/D	9011 FLAMINGO CIR.	N FT MYERS, FL	00000
~~TRY, ALICE B~~	~~T/D~~	~~28 GALAXY WAY~~	~~N FT MYERS, FL~~	~~00000~~
~~SANTORO, LARRY~~	~~D~~	~~9006 ARBOR DR~~	~~N FT MYERS, FL~~	~~00000~~
OLDHAM, MELVIN	D	9147 FLAMINGO CIR.	N FT MYERS, FL	00000

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

COLLISON, WILLIAM
251 CITRON WAY, TAMIAMI VILLAGE
FT MYERS, FL 33903

8 Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

City and State 83 FL.

Zip Code 84

9 Pursuant to the provisions of Section 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE William L Collison DATE 4/17/86
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
(Officer signing must be listed in Block 6)

Signature	Date
William L Collison	May 16, 1986
Typed Name of Signing Officer	**Title**	**Telephone Number**
William Collison	President	(813) 995-3637

11 Should you desire a certificate of status, check the box. CERTIFICATE OF STATUS DESIRED ☐ $5 Additional Fee required for a Certificate of Status

CR2EO34 (1-86)

Atkinson, Paul	T/D	210 Tangelo Way	N. Ft. Myers, Fl.
Jacobs, Joseph	D	9011 Flamingo Cir.	N. Ft. Myers, Fl.
Oldham, Peg	D	9147 Flamingo Cir.	N. Ft. Myers, Fl.
Hayden, Tom	D	26 Galaxy Way	N. Ft. Myers, Fl.
Clarke, Berbara	D	9008 Flamingo Cir.	N. Ft. Myers, Fl.

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION

ANNUAL REPORT
1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $25 Required – Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office:

756896 ?
TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, INC.
2545 US 41, N
N FT MYERS, FL 33903

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21: 251 Citron Way

P.O. Box No. 22:

City and State 23: North Ft. Myers, Fla.

Zip Code 24: 33903

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
03/23/1981	59-2351945	05/21/1986

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1986

1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	5.
COLLISON, WILLIAM	P/D	251 CITRON WAY	N FT MYERS, FL	00000
ATKINSON, PAUL	T/D	210 TANGELO WAY N	N FT MYERS, FL	00000
JACOBS, JOSEPH	D	9011 FLAMINGO CIR. N	N FT MYERS, FL	00000
OLDHAM, PEG	D	9147 FLAMINGO CIR. N	N FT MYERS, FL	00000
HAYDEN, TOM	D	28 GALAXY WAY	N FT MYERS, FL	00000
CLARKE, BARBARA	D	9008 FLAMINGO CIR.	N FT MYERS, FL	00000

See attachment. →

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

COLLISON, WILLIAM
251 CITRON WAY, TAMIAMI VILLAGE
FT MYERS, FL 33903

8. Name and Address of New Registered Agent

Name 81:

Street Address 1 (Do NOT Use P.O. Box Number) 82:

Street Address 2 (Do NOT Use P.O. Box Number) 83:

City and State 84: FL

Zip Code 85:

9. Pursuant to the provisions of Sections 607.334 and 607.337, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office, or registered agent, or both, in the State of Florida.

The address was authorized by resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE William Collison (Registered Agent Accepting Appointment) DATE 2-16-87

$3.00 additional fee required for Registered Agent changes.

10. *See signature restrictions under instructions on reverse side of this form*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That Statements Made On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Either signature must be dated in Block 6)

Signature: William Collison

Date: Feb 16 1987

Typed Name of Signing Officer: William Collison

Title: President

Telephone Number: 813-995-3637

11. Should you desire a certificate of status, check the box.

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2E034 (1/86)

OFFICERS

COLLISON, WILLIAM	P/D	251 Citron Way	N. Ft. Myers,	Fl.
KARMAZYN, ED.	VP/D	9218 Bonita Dr.	N. Ft. Myers,	Fl.
ATKINSON, PAUL	T/D	210 Tangelo Way	N. Ft. Myers,	Fl.
JACOBS, KATE	S/D	9011 Flamingo Cir.	N. Ft. Myers,	Fl.
Oldham, Mel	D	9147 Flamingo Cir.	N. Ft. Myers,	Fl.
Oldham, Peg	D	9147 Flamingo Cir.	N. Ft. Myers,	Fl.
Hayden, Tom	D	26 Galaxy Way	N. Ft. Myers,	Fl.
Clarke, Barbara	D	9008 Flamingo Cir.	N. Ft. Myers,	Fl.
Jacobs, Joseph	D	9011 Flamingo Cir.	N. Ft. Myers,	Fl.

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION ANNUAL REPORT 1988

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

756896
TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, INC.
251 CITRON WAY
N FT MYERS, FL 33903

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified to Do Business in Florida: 03/23/1981

4. Federal Employer Identification Number (FEIN): 59-2351945

5. Date of Last Report: 03/10/1987

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1987

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
~~COLLISON, WILLIAM~~	~~P/D~~	~~251 CITRON WAY~~	~~N PT MYERS, FL~~	~~00000~~
ATKINSON, PAUL	T/D	210 TANGELO WAY N	N PT MYERS, FL	00000
~~JACOBS, JOSEPH~~	~~D~~	~~9011 FLAMINGO CIR. N~~	~~N PT MYERS, FL~~	~~00000~~
OLDHAM, PEG	D	9147 FLAMINGO CIR. N	N PT MYERS, FL	00000
HAYDEN, TOM	D	26 GALAXY WAY	N PT MYERS, FL	00000
CLARKE, BARBARA	D	9008 FLAMINGO CIR.	N PT MYERS, FL	00000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

COLLISON, WILLIAM
251 CITRON WAY, TAMIAMI VILLAGE
FT MYERS, FL 33903

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL

Zip Code 85

9. Pursuant to the provisions of Section 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____
I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE: William Collison (Registered Agent Accepting Appointment) DATE: 2-10-88

10. If a foreign corporation, give the name of business in Florida: _____

11. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer or Director Signing Must Be Listed in Item 6.)

Signature: Joseph E. Jacobs
Date: 2-10-88
Typed Name of Signing Officer or Director: Joseph E. Jacobs
Title: President
Telephone Number: 813-997-5317

12. Do you desire a certificate of status? Check one only.
CERTIFICATE OF STATUS DESIRED ☐

CR2E0M (1/88)

Joseph E. Jacobs - P/D	9011 Flamingo Circle	N.Ft. Myers, Fl. 33903
Mel Oldham V/D	9147 Flamingo Circle	N.Ft. Myers, Fl. 33903
Kate Jacobs S/D	9011 Flamingo Circle	N.Ft. Myers, Fl. 33903
Ed Karmazyn-D	9218 Bonita Drive	N.Ft. Myers, Fl. 33903
Grace Karmazyn-D	9218 Bonita Drive	N.Ft. Myers, Fl. 33903
Bill Collison -D	251 Citron Way	N.Ft. Myers, Fl. 33903

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT

1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED AND FILED

1989 FEB 27 AM 10:24

FLORIDA DEPT OF STATE CORPORATIONS DIVISION TALLAHASSEE

Filing Fee of $35 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office:

ZIP + 4

756896 7
TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, INC.
251 CITRON WAY
N FT MYERS, FL 33903-1437

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

159 CELESTIAL WAY
Street Address 21

P.O Box No. 22

N FT MYERS, FL
City and State 23

33903-1437
Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 03/23/1981

4. Federal Employer Identification Number (FEIN): 59-2351945

5. Date of Last Report: 03/23/1988

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
D	COLLISON, WILLIAM	251 CITRON WAY	N FT MYERS, FL	00000
~~T/D~~	~~ATKINSON, PAUL~~	~~210 TANGELO WAY N~~	~~N FT MYERS, FL~~	~~00000~~
T/D	GEER, ~~LOU~~ Lewis D	9087 FLAMINGO CIRCLE	N. FT MYERS, FL	33903
V/D	JACOBS, JOSEPH	9011 FLAMINGO CIR. N	N FT MYERS, FL	00000
D	OLDHAM, PEG	9147 FLAMINGO CIR. N	N FT MYERS, FL	00000
~~D~~	~~HAYDEN, TOM~~	~~26 GALAXY WAY~~	~~N FT MYERS, FL~~	~~00000~~
P/D	THOMAS, HANK	159 CELESTIAL WAY	N FT MYERS, FL	33903
D	CLARKE, BARBARA	9008 FLAMINGO CIR.	N FT MYERS, FL	00000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

COLLISON, WILLIAM
251 CITRON WAY, TAMIAMI VILLAGE
FT MYERS, FL 33903

8. Name and Address of New Registered Agent

Name 81: THOMAS, Hank

Street Address 1 (Do NOT Use P.O. Box Number) 82: 159 Celestial Way

Street Address 2 (Do NOT Use P.O. Box Number) 83:

City and State 84: N FT MYERS, FL

Zip Code 85: 33903

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, a corporation under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on 2-20-89

I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE: Hank C Thomas — Registered Agent Accepting Appointment — DATE 2-20-89

10. If applicable, corporation's date last transacted business in Florida

See important instructions under instructions on reverse side of this form.

11. I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. Officer or Director signing must be listed in Block 6.

Signature: Hank C Thomas

Date: 2-20-89

Typed Name of Signing Officer or Director: THOMAS, HANK

Title: President

Telephone Number: (813)997-2367

CERTIFICATE OF STATUS DESIRED ☐

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST — APPROVED AND FILED

CORPORATION ANNUAL REPORT 1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

90 MAR -5 AM 12: 39
SECRETARY OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office: 756896 7

ZIP + 4 PRESORT
TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, INC.
159 CELESTIAL WAY
N FT MYERS, FL 33903-1430

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 03/23/1981

4. FEI Number: 59-2351945

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4	5
~~T/D~~	~~JACOBS, JOSEPH~~	~~9011 FLAMINGO CIR. N~~	~~N FT MYERS, FL~~	~~00000~~
D	COLLISON, WILLIAM	251 CITRON WAY	N FT MYERS, FL	00000
T/D ✓	GEER, LEWIS D.	9087 FLAMINGO CIR.	N FT MYERS, FL	00000
S/D	KIMES, JERI	9122 FLAMINGO CIRCLE	N FT MYERS, FL	33903
~~D~~	~~OLDHAM, PEG~~	~~9147 FLAMINGO CIR. N~~	~~N FT MYERS, FL~~	~~00000~~
D	KASSON, JOHN	9220 BONITA DRIVE	N FT MYERS, FL	##()#
P/D ✓	THOMAS, HANK	159 CELESTIAL WAY	N FT MYERS, FL	00000
~~D~~	~~CLARKE, BARBARA~~	~~9060 FLAMINGO CIR.~~	~~N FT MYERS, FL~~	~~00000~~
D ✓	COOK, EARL	9279 DeSOTO DRIVE	N FT MYERS, FL	##()#

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

THOMAS, HANK
159 CELESTIAL WAY
N. FT. MYERS, FL. 33903

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on ....

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE: Hank Thomas (Registered Agent Accepting Appointment) DATE: Feb 5, 1990

10. I 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 effects as if made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, F.S.

Signature: Hank Thomas Date: Feb. 5, 1990

Typed Name of Signing Officer or Director | Title | Telephone Number

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION ANNUAL REPORT 1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED
FEB1391

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT #756896 (7)

ZIP + 4 PRESORT
TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, INC.
159 CELESTIAL WAY
N FT MYERS, FL 33903-1430

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 03/23/1981

4. FEI Number: 59-2351945

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status — CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4	
D	COLLISON, WILLIAM	251 CITRON WAY	N FT MYERS, FL	00000
T/D	GEER, LEWIS D.	9087 FLAMINGO CIR.	N FT MYERS, FL	00000
S/D	~~KIMES, JERI~~	~~9122 FLAMINGO CR~~	~~N FT MYERS, FL~~	~~00000~~
	HURST, RICHARD	9235 CALOOSA DRIVE	N FT MYERS, FL	33903
D	KASSON, JOHN	9220 BONITA DR	N FT MYERS, FL	00000
P/D	THOMAS, HANK	159 CELESTIAL WAY	N FT MYERS, FL	00000
D	COOK, EARL	9279 DESOTO DR	N FT MYERS, FL	00000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

THOMAS, HANK
159 CELESTIAL WAY
N. FT. MYERS, FL. 33903

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City FL.

85 Zip Code

9. 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 ______ (Registered Agent Accepting Appointment) DATE ______

10. I 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. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE *Hank T. Thomas* DATE *Feb. 2, 1991*

Typed Name of Signing Officer or Director	Title	Telephone Number Daytime
HANK THOMAS	PRESIDENT	(813) 997-2367

FILING FEE OF $61.25 REQUIRED — Make Checks Payable To: Secretary of State — $8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

MAR 15 92

DO NOT WRITE IN THIS SPACE

Please type or print in black ink.

FILING FEE $61.25 Make Payable To: *Secretary of State*

1. Name and Mailing Address of Corporation: DOCUMENT #756896 (7)

~~TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, INC.~~
~~159 CELESTIAL WAY~~
~~NORTH FORT MYERS FL 33903-1430~~

2. Address to which correspondence concerning this entity may be directed: (Please print accurately. The NAME of the corporation can be changed only by filing an amendment.)

21 Mailing Address: 9021 Arbor Drive

22 P.O. Box No.:

23 City and State: 24 Zip Code:

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

3. Date Incorporated or Qualified To Do Business In Florida: 03/23/1981

3a. Date of Last Report: 02/13/1991

4. FEI Number: 59-2351945

FEI Number Applied For

FEI Number N/A Applicable

5. $8.75 Additional Fee Required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Name and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to delete any incorrect information.)

	1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	
1	D	COLLISON, WILLIAM	251 CITRON WAY	N FT MYERS, FL	00000
2	T/D	GEER, LEWIS D.	9087 FLAMINGO CIR.	N FT MYERS, FL	00000
3	S/D	~~9235 CALOOSA DRIVE~~ HURST, Richard	~~9122 FLAMINGO CR~~ 9235 Caloosa Drive	N. FT. MYERS, FL	33903
4	D	KASSON, JOHN	9220 BONITA DR	N FT MYERS, FL	00000
5	P/D	~~THOMAS, HANK~~ CHAMBERLAIN, Sterling	~~159 CELESTIAL WAY~~ 9021 Arbor Drive	N FT MYERS, FL	00000
6	D	COOK, EARL	9279 DESOTO DR	N FT MYERS, FL	00000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent:

~~THOMAS, HANK~~
~~159 CELESTIAL WAY~~
~~N. FT. MYERS, FL. 33903~~

8. Name and Address of New Registered Agent:

81 Name: CHAMBERLAIN, Sterling

82 Street Address (P.O. Box Number): 9021 Arbor Drive

83 Street Address (P.O. Box Number):

84 City: No. Fort Myers. FL. 85 Zip Code: 33903

9. Pursuant to the provisions of Section 607.0502 or 617.0502, Florida Statutes, the undersigned submits this document for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered agent and the registered office for this Florida corporation after the change are set forth above.

Signature: Sterling Chamberlain Date: March 2, 1992

(Required if filed as an amendment)

10. This corporation is currently qualified for exemption under § 501(c)(3), Florida Statutes. Yes ☐ No xxx (Check one box only. See instructions for more information.)

11. I hereby 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 607, Florida Statutes; and that my name appears in Block 6 or 7 with an address, with respect to the current year.

SIGNATURE: Sterling Chamberlain Date: March 2, 1992

Type or Print Name of Person Signing	Title	Telephone Number of Person Signing
Sterling Chamberlain	President/Director	(813) 656-6453

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and indicate your contribution of $5.00 on the blank line.

File Now. Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FE2433

APPROVED
SEC. OF STATE
PORATIONS DIV.
LAHASSEE, FLA.
FILED

1. Name and Mailing Address of Corporation: DOCUMENT # 756896 (7)

TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, INC.
9021 ARBOR DR
NORTH FORT MYERS FL 33903-2175

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1981
3a. Date of Last Report: 03/16/1992

FILING FEE $200.00 | ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE | MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 592351945 ☐ Applied For ☐ Not Applicable

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

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 ☑ — $138.75 Supplemental Fee Not Required

8. Is this corporation filing for this calendar year the annual report required by the Florida Statutes? ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CHAMBERLAIN, STERLING
9021 ARBOR DR
N. FT. 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 86 Country

11. Pursuant to the provisions of Section 617.0502 and 617.1508 or Section 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 617.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Changing Agent Only)

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS CHANGES
D COLLISON, WILLIAM 251 CITRON WAY N FT MYERS, FL 00000	VP/D ROBERT STEWART 3063 FLAMINGO CIR. N.FT.MYERS,FL 33903
~~T/D GEER, LEWIS D. 9037 FLAMINGO CIR. N FT MYERS, FL 00000~~	T/D DORIS WIEGAND 9122 FLAMINGO CIR. N.FT.MYERS,FL 33903
S/D HURST, RICHARD 9235 CALOOSA DR N. FT. MYERS FL	D ANTHONY TATTERELLI 25 GALAXY WAY N.FT.MYERS,FL 33903
D KASSON, JOHN 9220 BONITA DR N FT MYERS, FL 00000	D DANIEL MAINE 9102 FLAMINGO CIR. N.FT.MYERS,FL 33903
P/D CHAMBERLAIN, STERLING 9021 ARBOR DR N FT MYERS, FL 00000	
D COOK, EARL 9279 DESOTO DR N FT MYERS, FL 00000	

14. I hereby 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 607 or Chapter 617, Florida Statutes; and that I am familiar with the obligations of Section 817.155, Florida Statutes.

SIGNATURE Richard Hurst DATE 2/18/93

RICHARD HURST — SEC'Y/DIRECTOR — Daytime Telephone Number: (813) 656-4521

3235 CALOOSA DRIVE
NO. FT. MYERS, FL 33903
5 FEBRUARY 1993

FLORIDA DEPT. OF STATE
JIM SMITH, SEC'Y
DIVISION OF CORPORATIONS
CORPORATE RECORDS
PO BOX 6327
TALLAHASSEE, FL 32314

DEAR SIR:

I AM WRITING AS SECRETARY OF THE TAMIAMI VILLAGE (MHP) LOT OWNERS ASSOCIATION, IN NORTH FORT MYERS, FLORIDA. 756896

WITH THE CHANGE OF OFFICERS OVER THE PAST SEVERAL YEARS, DUE TO DEATHS AND DROPOUTS, OUR RECORDS ARE INCOMPLETE IN TWO INSTANCES CAUSED BY MISPLACEMENT OR LOSS DURING CHANGE OVER TO SUCCESSOR OFFICERS.

WE WOULD APPRECIATE IT IF YOU COULD ASSIST US WITH THE FOLLOWING:

A COPY OF THE CURRENT BY LAWS OF OUR ASSOCIATION. OUR IRS IDENTIFICATION NBR IS 59-2351945 Photo copy

SECONDLY A DUPLICATE OF OUR CERTIFICATE OF INCORPORATION (IF SUCH IS ISSUED). OUR TREASURER'S RECORDS SHOW THAT WE PAID OUR MOST RECENT CORPORATION FEE OF $61.25 ON 3 MARCH 1992.

YOUR ASSISTANCE IN THESE MATTERS WILL BE GREATLY APPRECIATED.

Certificate of Good Standing $8.75

YOURS TRULY,

RS Hurst

RICHARD S. HURST, SEC'Y

AC

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 FEB -3 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Corporation Name: TAMIAMI VILLAGE LOT OWNERS ASSOCIATION, INC.

DOCUMENT # 756896 (7)

Mailing Address: ~~9021 ARBOR DR~~ N FT MYERS FL 33903-8437 → 9235 CALOOSA DR.

Principal Place of Business: ~~9021 ARBOR DR~~ N FT MYERS FL 33903-8437 → 9235 CALOOSA DR.

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address: 21 9235 CALOOSA DR.	2a. Principal Place of Business: 26 9235 CALOOSA DR.
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 N.FT.MYERS, FL	City & State: 28 N.FT.MYERS, FL
Zip: 24 33903 Country: 25	Zip: 29 33903 Country: 30

3. Date Incorporated or Qualified: 03/23/1981
3a. Date of Last Report: 02/24/1993
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 Exempt from $138.75 Supplemental Fee X☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~CHAMBERLAIN, STERLING~~
~~9021 ARBOR DR~~
~~N. FT. MYERS FL 33903~~

10. Name and Address of New Registered Agent

81 Name: STEWART ROBERT
82 Street Address (P.O. Box Number is Not Acceptable): 9063 FLAMINGO CIR.
83
84 City: N.FT MYERS FL 85 Zip Code: 33903

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 and agree to accept the obligations of Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE X *Robert P. Stewart (P-D)* DATE *Jan 26, 1994*

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
D COLLISON, WILLIAM 251 CITRON WAY N FT MYERS, FL 00000	
T/D WEIGAND DORIS 9122 FLAMINGO CIR N FT MYERS FL	
S/D HURST, RICHARD 9235 CALOOSA DR N. FT. MYERS FL	
D KASSON, JOHN 9220 BONITA DR N FT MYERS, FL 00000	
~~P/D CHAMBERLAIN, STERLING 9021 ARBOR DR N FT MYERS, FL 00000~~	P/D STEWART, ROBERT 9063 FLAMINGO CIR. N.FT.MYERS, FL 33903
~~D COOK, EARL 9279 DESOTO DR N FT MYERS, FL 00000~~	D GEER LEWIS 9087 FLAMINGO CIR. N.FT.MYERS, FL 33903

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 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 607 or Chapter 617, Florida Statutes.

SIGNATURE: *Richard Hurst (S/D)* *1/27/94* *(813) 656-4521*

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

FILED
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

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 / County 25	Zip 29 / County 30

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 validity for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEWART, ROBERT
9083 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 changing

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D COLLISON, WILLIAM 251 CITRON WAY N FT MYERS, FL 00000	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	TD WEIGAND, BORIS 9122 FLAMINGO CIR N FT MYERS FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition SCHWABE ROBERT TD 34 GALAXY WAY NO FT MYERS FL
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SD HURST, RICHARD 9235 CALOOSA DR N. FT. MYERS FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	C KASSON, JOHN 9220 BONITA DR N FT MYERS, FL 00000	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	PD STEWART, ROBERT 9083 FLAMINGO CIRCLE N FT MYERS, FL 00000	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D GEER, LEWIS 9087 FLAMINGO CIRCLE N FT MYERS, FL 00000	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☒ Change ☐ Addition NADINE HEADRICK D 125 CELESTIAL WAY 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 607, 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