

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90013 042 \*\*\*\*61.25

**DOCUMENT # 759833**

1. Entity Name

**THE TAMiami VILLAGE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

**238 CITROAN WAY  
 N FT MYERS FL 33903  
 US**

Mailing Address

**238 CITROAN WAY  
 N FT MYERS FL 33903  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2368295**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOODRICH, JIM  
 238 CITROAN WAY  
 N FT MYERS FL 33903**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
 NAME **GOODRICH, JIM**  
 STREET ADDRESS **238 CITROAN WAY**  
 CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☒ Delete  
 NAME **DEAL, JOHN JOANN**  
 STREET ADDRESS **10 GALAXY WAY**  
 CITY-ST-ZIP **N. FT. MYERS FL 33903**

TITLE **Vice president** ☐ Change ☒ Addition  
 NAME **Mildred Case**  
 STREET ADDRESS **216 Tangelo Way**  
 CITY-ST-ZIP **N. Ft Mers, FL 33903**

TITLE **S** ☐ Delete  
 NAME **COLEMAN, BERNARD R**  
 STREET ADDRESS **30 SATURN CIRCLE**  
 CITY-ST-ZIP **N. FT. MYERS FL 33903**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **MILLER, WALTRAUT**  
 STREET ADDRESS **9038 FLAMINGO CIR**  
 CITY-ST-ZIP **N FT MYERS FL 33903**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **WOLF, MARGE**  
 STREET ADDRESS **258 ORCHARD WAY**  
 CITY-ST-ZIP **N FT MYERS FL 33903**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **SCHNABE, MARIANNA**  
 STREET ADDRESS **34 GALAXY WAY**  
 CITY-ST-ZIP **N FT MYERS FL 33903**

TITLE ☐ Change ☐ 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:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/14/02**

CR2E037 (9/01)