


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90074 026 ****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
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24007873



MOORE CR2E037 (11/03)

2. Principal Place of Business 16001 CITRON WAY Suite, Apt. #, etc.	3. Mailing Address 16001 CITRON WAY Suite, Apt. #, etc.
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City & State N. FORT MYERS, FL	City & State N. FORT MYERS, FL
Zip 33903	Country US
Zip 33903	Country US

4. FEI Number 59-2368295	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOODRICH, JIM 238 CITROAN WAY N FT MYERS FL 33903	
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7. Name and Address of New Registered Agent	
Name GOODRICH, JIM	
Street Address (P.O. Box Number is Not Acceptable) 16001 CITRON WAY	
City N. FORT MYERS	Zip Code FL 33903

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. I am familiar with, and accept the obligations of registered agent.

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 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODRICH, JIM 238 CITROAN WAY FORT MYERS FL 33903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASE, MILDRED 216 TANGLE WAY FORT MYERS FL 33903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASTIEN, PAULA A 34 MERCURY LN N FORT MYERS FL 33903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, WALTRAUT 9038 FLAMINGO CIR N FT MYERS FL 33903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, MARGE 258 ORCHARD WAY N FT MYERS FL 33903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNABE, MARIANNA 34 GALAXY WAY N FT MYERS FL 33903 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOODRICH JIM 16001 CITRON WAY N. FT MYERS, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOVICK BILL 3159 MERCURY LANE N. FT MYERS FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCNALLY SHIRLEY 16255 PELICAN DRIVE N. FT MYERS FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACHADO VIRGIL 3185 PLUTO CIRCLE N. FT. MYERS, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF MARGE 16275 PELICAN DRIVE N. FT MYERS FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC CONNELL ED 3485 CELESTIAL WAY N. FT MYERS, FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: James P. Goodrich 1/27/04 (239) 997-2797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #