2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2005 8:00 am **Secretary of State DOCUMENT # 759833** 1. Entity Name 03-02-2005 90083 039 ****61.25 THE TAMIAMI VILLAGE COMMUNITY ASSOCIATION. INC. Principal Place of Business Mailing Address 16001 CITRON WAY N FT MYERS FL 33903 16001 CITRON WAY N FT MYERS FL 33903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-2368295 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOODRICH, JIM Street Address (P.O. Box Number is Not Acceptable) 16001 CITRON WAY N FT MYERS FL 33903 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. 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition CASE, MILDRED 16019 TANGELO WAY GOODRICH, JIM NAME NAME 16001 CITRON WAY STREET ADDRESS STREET ADDRESS FORT MYERS FL 33903 CITY - ST - ZIP CITY-ST-ZIP NURTH FURT MYERS FL 33903 DCHAMBERLAIN, STERLING TITLE X Delete NOVICK, BILL NAME NAME 9097 FLAMINGO CIRCLE 3159 MERCURY LANE STREET ADDRESS STREET ADDRESS FORT MYERS FL 33903 CITY-ST-7IP CITY-ST-ZIP NORTH FORT MYERS FL 33903 ☐ Delete - Change ☐ Addition MCNALLY, SHIRLEY 16255 PELICAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7(P N FORT MYERS FL 33903 CITY-ST-7IP TITH F ☐ Delete TITLE ☐ Change ☐ Addition MACHADO, VIRGIL NAME NAME 3185 PLUTO CIRCLE STREET ADDRESS STREET ADDRESS NORTH FORT MYERS FL 33903 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition WOLF, MARGE NAME NAME 16275 PELICAN DRIVE STREET ADORESS STREET ADDRESS NORTH FORT MYERS FL 33903 CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Detete THEF Change ☐ Addition MCCONNEL, ED NAME NAME 8485 CELESTIAL WAY STREET ADDRESS STREET ADDRESS N FT MYERS FL 33903 CITY-ST-ZIP 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.

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED