


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90306 028 ****61.25

DOCUMENT # 759833 1. Entity Name THE TAMIAMI VILLAGE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 16001 CITRON WAY N FT MYERS, FL 33903 US			Mailing Address 16001 CITRON WAY N FT MYERS, FL 33903 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2368295	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GOODRICH, JIM 16001 CITRON WAY N FT 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS CITY- ST- ZIP			
VP CASE, MILDRED 16019 TANGELO WAY NORTH FT MYERS, FL 33903		<input type="checkbox"/> Delete			
D CHAMBERLAIN, STERLING 9097 FLAMINGO CIRCLE NORTH FT MYERS, FL 33903		<input type="checkbox"/> Delete			
S MCNALLY, SHIRLEY 16255 PELICAN DRIVE N FORT MYERS, FL 33903		<input checked="" type="checkbox"/> Delete			
TD MACHADO, VIRGIL 3185 PLUTO CIRCLE NORTH FORT MYERS, FL 33903		<input type="checkbox"/> Delete			
D WOLF, MARGE 16275 PELICAN DRIVE NORTH FORT MYERS, FL 33903		<input checked="" type="checkbox"/> Delete			
D MCCONNEL, ED 8485 CELESTIAL WAY N FT MYERS, FL 33903		<input type="checkbox"/> Delete			
S ELAINE THERRIEN 3365 RAINBOW LN N. FORT MYERS, FL 33903		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
D BONNIE-APPLEFORD 16263 PELICAN DR N. FORT MYERS, FL 33903		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Virgil Machado</u> VIRGIL MACHADO TD					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4/20/06 Daytime Phone # 239-656-5946	