2007 NOT-FOR-PROFIT CORPORATION

APPLE-FORD, BONNIË

NORTH FORT MYERS, FL 33903

16263 PELICAN DR

MCCONNEL, ED

8485 CELESTIAL WAY

N FT MYERS, FL 33903

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ANNUAL REPORT

Secretary of State DOCUMENT #759833 03-06-2007 90007 022 ****61.25 THE TAMIAMI VILLAGE COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address 40030129 16001 CITRON WAY 16001 CITRON WAY N FT MYERS, FL 33903 N FT MYERS, FL 33903 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3185 PLUTO CIRCLE 3185 PLUTO CIRCUA Suite, Apt. #, etc. 01232007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-2368295 City & State Applied For 33903 N. FUNT MYER . FURT Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 23 903 U5 A 33903 054 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PADLEY , DIANH LEE GOODRICH, JIM 16001 CITRON WAY Street Address (P.O. Box Number is Not Acceptable) N FT MYERS, FL 33903 3351 RAIN BOW LIAME NORTH FORT MYERS 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 TREATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VΡ DF TITLE Delete TITLE Addition PADLEY, DIANA LEE CASE, MILDRED NAME NAME 3351 RAINBOW LANG STREET ADDRESS 16019 TANGELO WAY STREET ADDRESS NORTH FT MYERS, FL 33903 CITY-ST-ZIP NORTH FORT MYERS , FL 33503 CITY-ST-ZIP Delete TITLE Change TITLE D BRICKETT EILEEN 9261 DESOTO PRIVE Addition CHAMBERLAIN, STERLING NAME NAME STREET ADDRESS 9097 FLAMINGO CIRCLE STREET ADDRESS CITY-ST-ZIP NORTH FT MYERS, FL 33903 CITY-ST-ZIP NURTH FORT MYERS 33903 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BLAUDE, LILLIAN NAME THERRIEN, ELAINE NAME 16045 HIBISCUS WAY 3365 RAINBOW LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS, FL 33903 CITY-ST-ZIP NOKTH FORT MYERS FL 33903 TITLE ☐ Delete TITLE ☐ Addition MACHADO, VIRGIL NAME NAME 3185 PLUTO CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS, FL 33903 CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE APPLEFORD, BONNIE 1423 PELICAN DROVE

FILED

Mar 06, 2007 8:00 am

33902

Change

☐ Addition

NORTH FIRT MYERS FL

12. Thereby 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.

NAME

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Vision Machado	VIRGIL MACHARO	2/26/07	239-656-5946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #