

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90067 028 ****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

238 CITRON WAY

Suite, Apt. #, etc.

3. Mailing Address

238 CITRON WAY

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

N. FT. MYERS FL

City & State

N. FT. MYERS FL

4. FEI Number **59-2368295**

Applied For

Not Applicable

Zip

33903

Country

U.S.A.

Zip

33903

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Goodrich, Jim**

Street Address (P.O. Box Number is Not Acceptable)

238 CITRON WAY

City **N. FT. MYERS**

FL

Zip Code

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

James R. Goodrich - President

1/13/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **VP** ☐ Delete
NAME **CASE, MILDRED**
STREET ADDRESS **216 TANGLE WAY**
CITY-ST-ZIP **FORT MYERS FL 33903**

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME **BASTIEN, PAULA A.**
STREET ADDRESS **34 MERCURY LANE**
CITY-ST-ZIP **N. FT. MYERS, FL 33903**

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

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

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

James R. Goodrich - President

1/13/03

239 997 2197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E037 (10/02)