


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90140 001 \*\*\*122.50

**DOCUMENT # N02000006324**  
 1. Entity Name  
**TAMIAMI MASTER ASSOCIATION, INC.**



Principal Place of Business  
**16555 N CLEVELAND AVE**  
**A**  
**N FT MYERS, FL 33903-1411 US**

Mailing Address  
**16555 N CLEVELAND AVE**  
**A**  
**N FT MYERS, FL 33903-1411 US**

**66000511**



01042006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		52-2374592	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>ADAMS, JOSEPH E ESQ.</b> <b>14241 METROPOLIS AVE.</b> <b>SUITE 100</b> <b>FORT MYERS, FL 33912</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
---	---	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR, TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELACEY, JEAN		NAME	<b>CORNEAU, RHEA</b>	
STREET ADDRESS	16017 CITRON WAY		STREET ADDRESS	<b>3118 SATURN CIRCLE</b>	
CITY-ST-ZIP	N FT MYERS, FL 33903		CITY-ST-ZIP	<b>N FT MYERS, FL 33903</b>	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHADO, VIRGIL		NAME		
STREET ADDRESS	3185 PLUTO CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRYSZTOF, KENNETH		NAME		
STREET ADDRESS	9243 CALOOSA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADLEY, BEVERLY		NAME		
STREET ADDRESS	3145 PLUTO CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADLEY, BEVERLY		NAME		
STREET ADDRESS	3145 PLUTO CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, MAX		NAME		
STREET ADDRESS	9014 ARBOR DR.		STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 33903		CITY-ST-ZIP		

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: *Kenneth Krystof* **1-26-06** 239-997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 2697