

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

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

02-24-2003 90167 016 ****61.25

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DOCUMENT # N02000006324

1. Entity Name

TAMIAMI MASTER ASSOCIATION, INC.



Principal Place of Business

16555 N CLEVELAND AVE
N FT MYERS FL 33903

Mailing Address

16555 N CLEVELAND AVE
N FT MYERS FL 33903

90033735



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **A**

Suite, Apt. #, etc. **A**

City & State

City & State

4. FEI Number

52-2374592

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNSTEIN, DAVID S ESQ.
150 SECOND AVE N 17TH FL
ST PETERSBURG FL 33701

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELACEY, JEAN 242 CITRON WAY N FT MYERS FL 33903	<input type="checkbox"/> Delete Change →
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, JAMES 18 MERCURY LN N FT MYERS FL 33903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGJOHN, PETER 9007 FLAMINGO CIR N FT MYERS FL 33903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVAK, CONNIE 6 MERCURY LN N FT MYERS FL 33903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, JULES #1 VENUS LN N FT MYERS FL 33903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CHUCK 36 GALAXY WAY N FT MYERS FL 33903	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JEAN Delacey 242 Citron Way N. Fort Myers, FL 33903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Dorothy Wilkens 9 SATURN Circle N. Fort Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Colleen Austin 132 Celestial Way N. Fort Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Beverly Padley 24 Pluto Circle N. Fort Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Simpson #18 MERCURY LANE N. FORT MYERS, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAX ROSS 9014 ARBOR DR. N. Fort Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Signature: Delacey, President 2-17-03 **239-997-2697**

CR2E037 (10/02)

TAMIAMI MASTER ASSOCIATION, INC. DBA

Attachment # 90033735



A Resident Owned Manufactured Home Community

16555-A N. Cleveland Ave.
U.S. 41 North
N. Ft. Myers, FL 33903

Document # NO 2 000006324

Office (239) 995-7747
Office (239) 997-2697
Fax (239) 997-3037

ADDITIONAL DIRECTORS - TWO

D

DAVID BOWMAN

9262 Desoto Dr.

N. Fort Myers, FL 33903

D

MARTY POZGAY

38 Dolphin Drive

Treasure Island, FL 33706
