

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37035** (5)

1. Corporation Name

**TAMAMI RENTERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O HARLAN R. DOMBER  
2801 FRUITVILLE ROAD, #150  
SARASOTA FL 34237  
US

C/O HARLAN R. DOMBER, ESQUIRE  
2801 FRUITVILLE ROAD, SUITE 150  
SARASOTA FL 34237  
US

2. Principal Place of Business

2a. Mailing Address

21 **3900 Clark Road**

26 **3900 Clark Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite L-1**

27 **Suite L-1**

City & State

City & State

23 **Sarasota FL**

28 **Sarasota FL**

Zip

Zip

24 **34233**

29 **34233**

Country

Country

25 **USA**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**03/07/1990**

4. FEI Number

**36-3706297**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

**3900 Clark Road**

**Suite L-1**

84 City

**Sarasota**

**FL**

85 Zip Code

**34233**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

**HARLAN R. DOMBER**

**2/8/98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CALDWELL, JULES	
STREET ADDRESS	1 VENUS LA.	
CITY-ST-ZIP	N. FT. MYERS FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRINGMAN, DON	
STREET ADDRESS	2 SATURN CIRCLE	
CITY-ST-ZIP	N. FT. MYERS FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOILEAU, DENIS	
STREET ADDRESS	36 VENUS LANE	
CITY-ST-ZIP	N. FT. MYERS FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILKENS, DORTHY	
STREET ADDRESS	9 SATURN CIRCLE	
CITY-ST-ZIP	N. FT. MYERS FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>DILL, LLOYD</del>	
STREET ADDRESS	<del>33 SATURN CIRCLE</del>	
CITY-ST-ZIP	<del>N. FT. MYERS FL</del>	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOLLEHOUR, MAX	
STREET ADDRESS	20 VENUS LANE	
CITY-ST-ZIP	N. FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DIRECTOR</b>
5.3 STREET ADDRESS	<b>WM BRINSON</b>
5.4 CITY-ST-ZIP	<b>63 SATURN CIRCLE</b>

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 or both, or on an attachment with an address.

SIGNATURE:

*[Signature]* **JULES V CALDWELL** **2-28-98**

**941-497-4996**

CP2E037 (10/97)