


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90099 030 ****61.25

DOCUMENT # N37035 1. Entity Name TAMIAMI RENTERS' ASSOCIATION, INC.					
Principal Place of Business 3900 CLARK RD SUITE L-1 SARASOTA, FL 34233 US			Mailing Address 3900 CLARK RD SUITE L-1 SARASOTA, FL 34233 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DOMBER, HARLAN R. 3900 CLARK RD SUITE L-1 SARASOTA, FL 34233				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD <input type="checkbox"/> Delete		TITLE	ROOF LOGAN G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROOF, LOGAN G		NAME	3190 MERCURY LANE	
STREET ADDRESS	44 MERCURY LANE		STREET ADDRESS	N.F.T. MYERS FL 33903	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP	N.F.T. MYERS FL 33903	
TITLE	VPD <input checked="" type="checkbox"/> Delete		TITLE	DIR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NELSON, ED		NAME	JAN BARTON 3147 SATURN	
STREET ADDRESS	56 SATURN		STREET ADDRESS	LESTER COMSTOCK	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP	3050 SATURN N. FORT MYERS 33903	
TITLE	STD <input checked="" type="checkbox"/> Delete		TITLE	DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROOF, PATRICIA		NAME	JERRY DUBOIS 3203 SATURN	
STREET ADDRESS	44 MERCURY LANE		STREET ADDRESS	JAMES HAMILTON-3145 VENUS LA.	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP	LINDA LEONARD 3189 MERCURY	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HISY, ROBERT		NAME	NORENE MORNEAU 3077 SATURN	
STREET ADDRESS	41 MERCURY LANE		STREET ADDRESS	CRAIG NEWMAN	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP	3081 SATURN CIR	
TITLE	<input type="checkbox"/> Delete		TITLE	DIR <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	HOWARD ROBBINS-	
STREET ADDRESS			STREET ADDRESS	3163 PLOTO CIR	
CITY-ST-ZIP			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: <u>Logan Roof</u> <u>Logan G Roof</u> <u>4-14-04</u> <u>239</u> <u>656-1923</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					