

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005453

FILED  
Apr 12, 2007  
Secretary of State

**Entity Name:** TAMIAAMI SQUARE PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

8010 SUMMERLIN LAKES DR  
FT MYERS, FL 33907

**New Principal Place of Business:**

9931 TREASURE CAY LANE  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

8010 SUMMERLIN LAKES DR  
FT MYERS, FL 33907

**New Mailing Address:**

9931 TREASURE CAY LANE  
BONITA SPRINGS, FL 34135

**FEI Number:** 65-0987814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARBER, ROBERT S  
21550 RANCH RIVER ROAD  
ESTERO, FL 33928 US

**Name and Address of New Registered Agent:**

GOHARI, MAHMOUD M  
9931 TREASURE CAY LANE  
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: MAHMOUD M. GOHARI

04/12/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BARBER, ROBERT S  
Address: 21550 RANCH RIVER ROAD  
City-St-Zip: ESTERO, FL 33928

Title: D ( ) Delete  
Name: SCHLESSINGER, PETER  
Address: 21550 RANCH RIVER ROAD  
City-St-Zip: ESTERO, FL 33928

Title: D (X) Delete  
Name: SCHLESSINGER, LINDA PASTEL  
Address: 21550 RANCH RIVER ROAD  
City-St-Zip: ESTERO, FL 33928

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: GOHARI, MAHMOUD M  
Address: 9931 TREASURE CAY LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Change ( ) Addition  
Name: GOHARI, ESSI F  
Address: 9931 TREASURE CAY LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAHMOUD M. GOHARI

D

04/12/2007

Electronic Signature of Signing Officer or Director

Date