2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0200006324

Entity Name: TAMIAMI MASTER ASSOCIATION, INC.

Current Principal Place of Business:

16555 N CLEVELAND AVE A N FT MYERS, FL 33903-1411

Current Mailing Address:

16555 N CLEVELAND AVE Α N FT MYERS, FL 33903-1411 US

FEI Number: 52-2374592

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A. 12140 CARISSA COMMERCE COURT #200 FORT MYERS, FL 33966 US

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	т	Title	VP
Name	SCHUELLER, JOHN	Name	BASTIEN, GERALD
Address	16555A N CLEVELAND AVE	Address	16555A N CLEVELAND AVE
City-State-Zip:	NORTH FORT MYERS FL 33903	City-State-Zip:	N FT MYERS FL 33903
Title	Р	Title	S
Name	KRYSZTOF, KENNETH	Name	SOPPA, JAMES
Address	16555A N CLEVELAND AVE	Address	16555A N CLEVELAND AVE
City-State-Zip:	N FT MYERS FL 33903	City-State-Zip:	NORTH FORT MYERS FL 33903
Title	D	Title	DIRECTOR
Title Name	D PADLEY, ALI	Title Name	DIRECTOR LEONARD, PAT
	-		LEONARD, PAT 16555 N CLEVELAND AVE
Name	PADLEY, ALI 16555A N CLEVELAND AVE	Name	LEONARD, PAT 16555 N CLEVELAND AVE A
Name Address	PADLEY, ALI 16555A N CLEVELAND AVE	Name Address	LEONARD, PAT 16555 N CLEVELAND AVE A
Name Address City-State-Zip:	PADLEY, ALI 16555A N CLEVELAND AVE NORTH FORT MYERS FL 33903	Name Address City-State-Zip:	LEONARD, PAT 16555 N CLEVELAND AVE A N FT MYERS FL 33903-1411
Name Address City-State-Zip: Title	PADLEY, ALI 16555A N CLEVELAND AVE NORTH FORT MYERS FL 33903 DIRECTOR	Name Address City-State-Zip: Title	LEONARD, PAT 16555 N CLEVELAND AVE A N FT MYERS FL 33903-1411 DIRECTOR

I hereby 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 all other like empowered.

01/16/2014 SIGNATURE: KENNETH KRYSZTOF PRESIDENT Electronic Signature of Signing Officer/Director Detail Date

FILED Jan 16, 2014 Secretary of State CC9869087542

Date