

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006324

Entity Name: TAMIAMI MASTER ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 52-2374592

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADAMS, JOSEPH E ESQ.
12140 CARISSA COMMERCE COURT
#200
FORT MYERS, FL 33966 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: JOSEPH E. ADAMS ESQ.

04/18/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name NICKERSON, ROBERT
Address 16555 NORTH CLEVELAND AVE
 A
City-State-Zip: NORTH FT. MYERS FL 33903

Title DIRECTOR
Name WELSH, MARY
Address 16555 N CLEVELAND AVE
 A
City-State-Zip: N FT MYERS FL 33903-1411

Title SECRETARY
Name SMITH, JOANN
Address 16555 N CLEVELAND AVE
 A
City-State-Zip: N FT MYERS FL 33903-1411

Title PROFESSIONAL DIRECTOR
Name STOUT, CAROLYN
Address 16555 NORTH CLEVELAND AVENUE
City-State-Zip: NORTH FORT MYERS FL 33903

Title MANAGER
Name OLIVEIRA, BARBARA
Address 16555 N. CLEVELAND AVENUE
City-State-Zip: NORTH FORT MYERS FL 33903

Title DIRECTOR
Name KNAKE, BOB
Address 16555 NORTH CLEVELAND AVE
 A
City-State-Zip: NORTH FT. MYERS FL 33903

Title DIRECTOR
Name EMANUELE, KATHY
Address 16555 NORTH CLEVELAND AVE
 A
City-State-Zip: NORTH FT. MYERS FL 33903

Title DIRECTOR
Name PADLEY, ALI
Address 16555 NORTH CLEVELAND AVE
 A
City-State-Zip: NORTH FT. MYERS FL 33903

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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.

SIGNATURE: BARBARA OLIVEIRA

OFFICE MANAGER

04/18/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name SCHALBURG, SUSAN
Address 16555 NORTH CLEVELAND AVE
 A
City-State-Zip: NORTH FT. MYERS FL 33903

Title DIRECTOR
Name COLBORN, RON
Address 16555-A NORTH CLEVELAND AVE
City-State-Zip: NORTH FT. MYERS FL 33903

Title DIRECTOR
Name FERGUSON, PAMELA
Address 16555-A NORTH CLEVELAND AVE
City-State-Zip: NORTH FT. MYERS FL 33903

Title DIRECTOR
Name PARIS, DEBRA
Address 16555-A NORTH CLEVELAND AVE
City-State-Zip: NORTH FT. MYERS FL 33903

Title DIRECTOR
Name MARCHESE, JOHN
Address 16555-A NORTH CLEVELAND AVE
City-State-Zip: NORTH FT. MYERS FL 33903

Title DIRECTOR
Name CONLY, LISLE
Address 16555-A NORTH CLEVELAND AVE
City-State-Zip: NORTH FT. MYERS FL 33903

Title DIRECTOR
Name HOLLIS, MICHAEL
Address 16555-A NORTH CLEVELAND AVE
City-State-Zip: NORTH FT. MYERS FL 33903

Title DIRECTOR
Name SHARPS, DONNA
Address 16555-A NORTH CLEVELAND AVE
City-State-Zip: NORTH FT. MYERS FL 33903