

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 17, 2018
Secretary of State
CC3720959140

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
A
N FT MYERS, FL 33903-1411 US

FEI Number: 52-2374592

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
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:

Electronic Signature of Registered Agent Date

Officer/Director Detail :

Title TREASURER
Name LEFEBVRE, MARCEL
Address 16555A N CLEVELAND AVE
City-State-Zip: NORTH FORT MYERS FL 33903

Title VP
Name BASTIEN, GERALD
Address 16555A N CLEVELAND AVE
City-State-Zip: N FT MYERS FL 33903

Title PRESIDENT
Name KRYSZTOF, KENNETH
Address 16555A N CLEVELAND AVE
City-State-Zip: N FT MYERS FL 33903

Title DIRECTOR
Name SOPPA, JAMES
Address 16555A N CLEVELAND AVE
City-State-Zip: NORTH FORT MYERS FL 33903

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

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

Title DIRECTOR
Name MACHADO, VIRGIL
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

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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: KENNETH KRYSZTOF

PRESIDENT

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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