

**2020 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:**

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

Title           TREASURER  
Name           KNICKERSON, ROBERT  
Address        16555A N CLEVELAND AVE  
City-State-Zip: N FT MYERS FL 33903

Title           DIRECTOR  
Name           HEATH, DAN  
Address        16555A N CLEVELAND AVE  
City-State-Zip: N FT MYERS FL 33903

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

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

Title           DIRECTOR  
Name           WELSH, MARY  
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

**Continues on page 2**

*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:** JOANN SMITH

**SECRETARY**

**01/21/2020**

\_\_\_\_\_  
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