2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0200006324

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

# 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.			04/15/2022			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	PRESIDENT	Title	TREASURER				
Name	LEFEBVRE, MARCEL	Name	NICKERSON, ROBERT				
Address	16555A N CLEVELAND AVE	Address	16555 NORTH CLEVELAND AV	E			
City-State-Zip:	NORTH FORT MYERS FL 33903	City-State-Zip:	A NORTH FT. MYERS FL 33903				
Title	VP	Title	DIRECTOR				
Name	CUTCHER, DON	Name	WELSH, MARY				
Address	16555 A	Address	16555 N CLEVELAND AVE A				
City-State-Zip:	NORTH CLEVELAND AVE. FL 33903	City-State-Zip:					
Title	DIRECTOR	Title	SECRETARY				
Name	SURPRENANT, SUSAN	Name	SMITH, JOANN				
Address	16555 N CLEVELAND AVE A	Address	16555 N CLEVELAND AVE A				
City-State-Zip:	N FT MYERS FL 33903-1411	City-State-Zip:	N FT MYERS FL 33903-1411				
Title	PROFESSIONAL DIRECTOR	Title	MANAGER				
Name	STOUT, CAROLYN	Name	OLIVEIRA, BARBARA				
Address	16555 NORTH CLEVELAND AVENUE	Address	16555 N. CLEVELAND AVENUE	:			
City-State-Zip:	NORTH FORT MYERS FL 33903						

## 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: BARBARA OLIVEIRA	MANAGER	04/15/2022
Electronic Signature of Signing Officer/Director Detail		Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 15, 2022 Secretary of State 3693937922CC

Certificate of Status Desired: No

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	BRESCHUK, JIM	Name	KNAKE, BOB
Address	16555 NORTH CLEVELAND AVE A	Address	16555 NORTH CLEVELAND AVE A
City-State-Zip:	NORTH FT. MYERS FL 33903	City-State-Zip:	NORTH FT. MYERS FL 33903
Title	DIRECTOR	Title	DIRECTOR
Name	KILGORE, DAN	Name	BOYDEN, JEAN
Address	16555 NORTH CLEVELAND AVE A	Address	16555 NORTH CLEVELAND AVE A
City-State-Zip:	NORTH FT. MYERS FL 33903	City-State-Zip:	NORTH FT. MYERS FL 33903
Title	DIRECTOR	Title	DIRECTOR
Name	HENNING, TOM	Name	EMANUELE, KATHY
Address	16555 NORTH CLEVELAND AVE A	Address	16555 NORTH CLEVELAND AVE A
City-State-Zip:	NORTH FT. MYERS FL 33903	City-State-Zip:	NORTH FT. MYERS FL 33903
Title	DIRECTOR	Title	DIRECTOR
Name	PADLEY, ALI	Name	SCHALBURG, SUSAN
Address	16555 NORTH CLEVELAND AVE A	Address	16555 NORTH CLEVELAND AVE A
City-State-Zip:	NORTH FT. MYERS FL 33903	City-State-Zip:	NORTH FT. MYERS FL 33903