

**2026 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000004336

**Entity Name:** TAMIAMI VILLAGE COMMUNITY ACTIVITIES, INC.**Current Principal Place of Business:**16555-A NORTH CLEVELAND AVE.  
NORTH FORT MYERS, FL 33903**Current Mailing Address:**16555-A NORTH CLEVELAND AVE.  
NORTH FORT MYERS, FL 33903 US**FEI Number:** 83-4605303**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TUSCAN & COMPANY, P.A.  
12621 WORLD PLAZA LANE BUILDING 55  
FORT MYERS, FL 33907 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           CUTCHER, DONALD J  
Address        3428 CELESTIAL WAY  
City-State-Zip: NORTH FORT MYERS FL 33903

Title            SECRETARY  
Name           MURPHY, JANICE  
Address        3393 RAINBOW LANE  
City-State-Zip: NORTH FORT MYERS FL 33903

Title            TREASURER  
Name           MASTROLIA, NICHOLAS  
Address        9095 FLAMINGO CIRCLE  
City-State-Zip: NORTH FORT MYERS FL 33903

Title            DIRECTOR  
Name           CHAPMAN, CANDIS  
Address        9146 FLAMINGO CIRCLE  
City-State-Zip: NORTH FORT MYERS FL 33903

Title            VICE PRESIDENT  
Name           HELEN, RILEY  
Address        3085 SATURN CIRCLE  
City-State-Zip: NORTH FORT MYERS FL 33903

Title            DIRECTOR  
Name           EMANUELE, KATHERINE M  
Address        9086 FLAMINGO CIRCLE  
City-State-Zip: NORTH FORT MYERS FL 33903

Title            DIRECTOR  
Name           MARCHESE, KATIE  
Address        9054 FLAMINGO CIRCLE  
City-State-Zip: NORTH FORT MYERS FL 33903

*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:** DONALD J CUTCHER

PRESIDENT

02/06/2026

Electronic Signature of Signing Officer/Director Detail

Date