FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996 DIVISION OF CORPORATIONS											
1. Corporation		723365		(3)			······································					
THAC	Y CONDOMIN	IUM, INC							. 16844 1884 1888 WAS WAS AND			
Principal Plac	ce of Business		Mailing Ac	ddress							AM EIGH MIG	
C/O TOM C			C/O TO	M COBITZ				ĺ				
3000 BIRD AVE., #4 MIAMI FL 33133			3000 BIRD AVE #4 MIAMI FL 33133									
***************************************	0.00		MIAMI FI	L 33133				Ī	3. Date Incorporated or Qualified	3a . D	ate of Last	•
2. Principal F	Place of Business		2a. Mailing	Address					05/09/1972 4. FEI Number		05/01/1	
21			26	, Address					59-1580074		<u></u>	Applied For Not Applicable
Suite, Apt	. #, etc.		├ -1	Apt. #, etc.				- +				Additional
22 City & Stai	to		27						5. Certificate of Status Desired	Ц		Required
23)	ite		City & 1	State]	6. Election Campaign Financing			0 Мау Ве
Zip		ountry	Ζip		Cour	itry			Trust Fund Contribution 8. This corporation has liability for i			d to Fees
24	25		29		30					Tangible to		199.032,
	9. Name and	Address of Current R	legistered A	gent		a 4 T			10. Name and Address of New R	egistered	Agent	
CODITY	7 71101440 4				[81	Name					
	Z, THOMAS A.				[1	82	Street A	Address	(P.O. Box Number is Not Acceptable	e)		
3000 BIRD AVE., #4 MIAMI FL 33133					h	63						
***********					ļ.	84	City					
					- 1		•			FL	1 1 .	Code
or registe	to the provisions of red agent, or both,	Sections 617.0502 an in the State of Florida.	d 617.1508, Such change	Florida Statute was authorize	s, the aboved by the co	e-n orpc	amed cor pration's b	rporation	n submits this statement for the purp f directors. I hereby accept the appo	iose of cha	anging its registered	egistered office
real raids to	rith, and accept the	obligations of, Section	617.0503, Fi	orida Statutes.	,	•			the design of the second secon	THEFT ES	registered	agent. Lam
SIGNATURE	Signature, typed or printer	name of registered agent and	title if applicable		F Registered A	Lgent	signature ret	gaired whe	or remstating)	DATE		
12.		OFFICERS AND D			13.				ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
TITLE NAME	PD			OELETE	1 1 T 1L					1	Change	Addition
STREET ADDRESS	COBITZ, TON 3000 BIRD AV				1.2 NAN							
CITY-ST-ZIP	1	ROVE FL 33133					ADDRESS					
TITLE	SD	HOTE I C 90190	3	ELETE	1.4 City 2.1 Bit		-Zir				Change	Addition
NAME	MOYNAHAN,	STEPHEN			2.2 NAM	ΛE					change	
STREET ADDRESS	3000 BIRD A				2 3 STA	EET A	ADDRESS					
CITY-ST-ZIP TITLE		ROVE FL 33133		DELETE.	2 4 CH		T-ZIP		·			
NAME	TD DRABER DO	MIA	L	DELETE	3 1 TITL					[Change	Addition
STREET ADDRESS	DRAPER, DOI 3685 JUSTISC				3 2 NAM		ADDRESS					1
CITY-ST-ZIP	COCONUT G				3.4. CIT							
TITLE	PD		Ε	DELETE	4 1 TITLI						Change	Addition
NAME	GARRETT, DA	•			4 2 NAN	ΛE				•	_	
STREET ADDRESS	3930 IRVINGT				43 STRE	EET A	ODRESS					ĺ
CITY-ST-ZIP TITLE	COCONUT G ≤ひ	ROVE FL 33133		DELETE	4.4 CITY		- ZiP			<u>-</u>		
NAME	ALLEN KI			DOCCETE	5 1 TITLE 5 2 NAM					[Change	Addition
STREET ADDRESS	3000 BIR	A AUE. NO. 3			5 2 NAM		.noress					
CITY-ST-ZIP	COLONUT 6	RIVE FL 33	5/33		5.4 CITY							
THTLE				DELETE	6 1 TITLE						Change	Addition
NAME					62 NAM	F	İ				-	
STREET ADDRESS					63 STRE	ET A	DDRESS					
CITY-ST-ZIP					6.4 CrTY	-\$1-	ZiP					

To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.0?(3)(k), Fiorida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment an address.

SIGNATURE:

4/7/16 305 446-2670