

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 748275

1. Corporation Name

TAMiami VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1131 S.W. 105TH AVE.  
MIAMI FL 33174

Mailing Address

2026 S.W. 1ST STREET  
STE. 6  
MIAMI FL 33135

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90054 020 \*\*\*\*61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/30/1979

4. FEI Number

59-1946443

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

DE LA RIONDA, CARLOS  
2026 S.W. 1ST STREET  
STE. 6  
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST  
NAME RIONDA, HORTENSIA  
STREET ADDRESS 2026 SW 1ST ST., STE. 6  
CITY-ST-ZIP MIAMI FL

TITLE PD  
NAME ABREU, EPIFANIO  
STREET ADDRESS 1300 LINCOLN ROAD #204  
CITY-ST-ZIP MIAMI BEACH FL

TITLE TD  
NAME MIRABET, MARISOL  
STREET ADDRESS 1111 S.W. 105 AVE. #605  
CITY-ST-ZIP MIAMI FL

TITLE PVD  
NAME RIOS, ANA  
STREET ADDRESS 1001 SW 105 AVE 100  
CITY-ST-ZIP MIAMI FL 33174

TITLE VPD  
NAME WEVERSON, CORREIA  
STREET ADDRESS 1151 SW 105 AVENUE #402  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE B/S  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 33135

2.1 TITLE B/VP  
2.2 NAME  
2.3 STREET ADDRESS 1001 SW. 105 AVE #108  
2.4 CITY-ST-ZIP MIAMI FL 33174

3.1 TITLE D/VP  
3.2 NAME PICKMAN, JENNY  
3.3 STREET ADDRESS 29101 KANSAS ROAD  
3.4 CITY-ST-ZIP NARAYANA, FL 33093

4.1 TITLE D/P  
4.2 NAME OTANO, PEDRO  
4.3 STREET ADDRESS 1001 SW. 105 AVE #116  
4.4 CITY-ST-ZIP MIAMI FL 33174

5.1 TITLE D/T  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP 33174

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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 with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

305-642523

Date

Daytime Phone #

CR2E037 (1/98)