

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90001 012 ****61.25

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07052006 Chg-NP CR2E037 (4/06)

DOCUMENT # 748275					
1. Entity Name TAMIAMI VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1131 S.W. 105TH AVE. MIAMI, FL 33174			Mailing Address P.O. BOX 040596 MIAMI, FL 33194		
2. Principal Place of Business		3. Mailing Address 8600 NW 17 St \$			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 145			
City & State		City & State Doral Florida		4. FEI Number 59-1946443	
Zip		Zip 33126		Country USA	
6. Name and Address of Current Registered Agent ZAMORA, MIGUEL 1141 SW 105 AVE #505 MIAMI, FL 33174			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	PB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMORA, MIGUEL A		NAME	Lujan, Cristobal	
STREET ADDRESS	1141 SW 105 AVE. #505		STREET ADDRESS	1011 SW 105 AVE #200	
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	Miami, FL 33174	
TITLE	DAV	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABREU, EPIFANIO		NAME	Otano, Pedro	
STREET ADDRESS	14963 SW 60 STREET		STREET ADDRESS	1001 SW 105 AVE # 116	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA RIONDA, HORTENSIA		NAME	Zamora, Miguel A.	
STREET ADDRESS	PO BOX 341		STREET ADDRESS	1141 SW 105 AVE #505	
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP	Miami, FL 33174	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OTANO, PEDRO		NAME	Rios, Ana	
STREET ADDRESS	1001 SW 105 AVE #116		STREET ADDRESS	1001 SW 105 AVE #100	
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	Miami, FL 33174	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUJAN, CRISTOBAL		NAME	Hartinez, Juan Ramon	
STREET ADDRESS	1011 SW 105 AVE. #200		STREET ADDRESS	1151 SW 105 AVE #405	
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP	Miami, FL 33174	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: 7/24/06		Daytime Phone #: 305-715-2801
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					