2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State
01-07-2005 90020 036 ****61.25

DOCUMENT # 748275

1. Entity Name
TAMIAMI VILLAGE CONDOMINIUM ASSOCIATION, INC.

50000665

Principal Place of Business	Mailing Address
1131 S.W. 105TH AVE. MIAMI, FL 33174	~~2020 S.W. 1ST STREET~~ ~~STE. 6~~ ~~MIAMI, FL 33135~~

01032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 940596 Suite, Apt. #, etc.
City & State	Miami, Florida
Zip / Country	33194 / USA

4. FEI Number 59-1946443 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~DE LA RIONDA, CARLOS~~ ~~2020 S.W. 1ST STREET~~ ~~STE. 6~~ ~~MIAMI, FL 33135~~	Name: Miguel Zamora Street Address (P.O. Box Number is Not Acceptable): 1141 SW 105 AVE #505 City: Miami FL Zip Code: 33174

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 _____ Miguel Zamora Secretary 1/3/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ZAMORA, MIGUEL A 1141 SW 105 AVE. #505 MIAMI, FL 33174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Lujan, Cristobal 1011 SW 105 AVE #200 Miami, FL 33174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAV ABREU, EPIFANIO 14963 SW 60 STREET MIAMI, FL 33193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DE LA RIONDA, HORTENSIA PO BOX 341 MIAMI, FL 33135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP OTANO, PEDRO 1001 SW 105 AVE #116 MIAMI, FL 33174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAV LUTON, CRISTOBAL 1011 SW 105 AVE. #200 MIAMI, FL 33174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GONZALEZ, NANCY A 1111 SW 105 AVE., #614 MIAMI, FL 33174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: _____ 1/3/05 3055544639.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #