## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Feb 11, 2008 8:00 am **Secretary of State DOCUMENT #748275** 02-11-2008 90063 043 \*\*\*\*61.25 TAMÍAMI VILLAGE CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 1131 S.W. 105TH AVE. 8600 NW 17 ST MIAMI, FL 33174 STE 145 DORAL, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1946443 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZAMORA, MIGUEL Street Address (P.O. Box Number is Not Acceptable) 1141 SW 105 AVE #505 MIAMI, FL 33174 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2008 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE ☐ Change ☐ Addition TITLE ZAMORA, MIGUEL A NAME NAME STREET ADDRESS STREET ADDRESS 1141 SW 105 AVE: #505 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33174 SD ☐ Change ☐ Addition TITLE ☐ Delete TITLE RIOS, ANA NAME NAME STREET ADDRESS 1001 SW 105 AVE #100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33174 ■ Addition TITLE ☐ Defete NAME MARTINEZ, JUAN R NAME STREET ADDRESS 1151 SW 105 AVE #405 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33174 TITLE ☐ Change Addition TITLE ☐ Delete OTANO, PEDRO NAME NAME STREET ADDRESS 1001 SW 105 AVE #116 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33174 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE LUJAN, CRISTOBAL NAME NAME

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 accordate 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 ergbowered 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: \_

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME 1011 SW 105 AVE. #200

MIAMI, FL 33174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

505-715-28

☐ Change

☐ Addition

FILED