


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90088 028 ****61.25

DOCUMENT # 755895					
1. Entity Name TAMIAIR WAREHOUSES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % THE FOSTER COMPANY 12396 SW 82 AVE MIAMI, FL 33156			Mailing Address % THE FOSTER COMPANY 12396 SW 82 AVE MIAMI, FL 33156		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2084788	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRIAI, CARLOS 999 PONCE DE LEON BLVD. SUITE 110 CORAL GABLES, FL 33146			Name F. Joseph Scott Street Address (P.O. Box Number is Not Acceptable) 12396 S.W. 82 AVE City Miami		
			FL Zip Code 33156		
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		F. Joseph Scott		DATE 3-17-05	
Filing Fee is \$61.25 Due by May 1, 2005		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KURTZ, MICHAEL	NAME			
STREET ADDRESS	14059 SW 142ND ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAHLSTROM, CHARLES	NAME			
STREET ADDRESS	11560 S.W. 91ST TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD = TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAZARUS, RICHARD	NAME			
STREET ADDRESS	1501 E. 10TH AVE	STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33010	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	① <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KURTZ, MARCY	NAME			
STREET ADDRESS	14059 S.W. 142 STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YEAGER, F M	NAME			
STREET ADDRESS	10431 SW 50 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP			
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 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: Michael J. Kurtz President		3-16-05		305 2534092	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	