


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90034 033 \*\*\*\*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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01242006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2084788**

Applied For  
 Not Applicable

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



**6. Name and Address of Current Registered Agent**

**SCOTT, F. JOSEPH**  
**12396 SW 82 AVE**  
**MIAMI, FL 33156**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	KURTZ, MICHAEL	
STREET ADDRESS	14059 SW 142ND ST	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAHLSTROM, CHARLES	
STREET ADDRESS	11560 S.W. 91ST TERRACE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	SDTD	<input type="checkbox"/> Delete
NAME	LAZARUS, RICHARD	
STREET ADDRESS	1501 E 10TH AVE	
CITY-ST-ZIP	HIALEAH, FL 33010	
TITLE	D	<input type="checkbox"/> Delete
NAME	KURTZ, MARCY	
STREET ADDRESS	14059 S.W. 142 STREET	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	YEAGER, F M	
STREET ADDRESS	10431 SW 50 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** *Michael J. Kurtz* **Michael J. Kurtz, President** **2-1-06** **305-253-4092**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #