


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90014 044 \*\*\*\*61.25

**DOCUMENT # 755895**

1. Entity Name  
**TAMIAIR WAREHOUSES CONDOMINIUM ASSOCIATION, INC.**



40027751



01112007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #  
**9000 SW 152nd Street**

3. Mailing Address  
**9000 SW 152nd Street**

Suite, Apt. #, etc.  
**#102**

City & State  
**MIAMI, FL**

4. FEI Number  
**59-2084788**

Applied For  
 Not Applicable

Zip  
**33157**

Country  
**USA**

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

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

Name  
**F. JOSEPH SCOTT**

Street Address (P.O. Box Number is Not Acceptable)  
**9000 SW 152nd Street #102**

City  
**MIAMI**

FL Zip Code  
**33157**

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 **2/20/07**

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, 2007**

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  
**PD**  Delete

NAME  
**KURTZ, MICHAEL**

STREET ADDRESS  
**14059 SW 142ND ST**

CITY-ST-ZIP  
**MIAMI, FL 33186**

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
**VPD**  Delete

NAME  
**DAHLSTROM, CHARLES**

STREET ADDRESS  
**11560 S.W. 91ST TERRACE**

CITY-ST-ZIP  
**MIAMI, FL 33186**

TITLE  Change  Addition

NAME

STREET ADDRESS  
**Miami, FL 33176**

CITY-ST-ZIP

TITLE  
**SDTD**  Delete

NAME  
**LAZARUS, RICHARD**

STREET ADDRESS  
**1501 E 10TH AVE**

CITY-ST-ZIP  
**HIALEAH, FL 33010**

TITLE  Change  Addition

NAME  
**LAZARUS, RICHARD**

STREET ADDRESS  
**13999 SW 142 ST**

CITY-ST-ZIP  
**Miami, FL 33186**

TITLE  
**D**  Delete

NAME  
**KURTZ, MARCY**

STREET ADDRESS  
**14059 S.W. 142 STREET**

CITY-ST-ZIP  
**MIAMI, FL 33186**

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
**D**  Delete

NAME  
**YEAGER, F M**

STREET ADDRESS  
**10431 SW 50 TERRACE**

CITY-ST-ZIP  
**MIAMI, FL 33165**

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Change  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, President** Date **2-7-07** Daytime Phone # **305-253-4092**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR