2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 756425

1. Entity Name
TAMIAMI AIRPORT WAREHOUSES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13901 SW 140 STREET MIAMI, FL 33186	13901 SW 140 STREET MIAMI, FL 33186

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03032004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2511153

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIMS, LINDA C
13901 SW 140 STREET
MIAMI, FL 33186

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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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000092194
03/18/04-80040-001 70.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	STEINBRING, STEVE
STREET ADDRESS	13953 SW 140 ST.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	ST
NAME	SIMS, LINDA C
STREET ADDRESS	13901 S W 140 STREET
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	DONNELLY, DAVE
STREET ADDRESS	13973 SW 140 ST
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	SIMS, MILTON
STREET ADDRESS	13965 SW 140 STREET
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	PD
NAME	KOLOMYSKI, WALTER
STREET ADDRESS	13959 S. W. 140TH ST.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	CRUZ, JAVIER
STREET ADDRESS	13985 SW 140 STREET
CITY-ST-ZIP	MIAMI, FL 33186

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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: Walter L. Kolomyski 3-09-04 305-251-4942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #