2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758370

FILED Jul 17, 2008 Secretary of State

Entity Name: TAMIAIR PARK CONDOMINIUM NO. 1 CONDOMINIUM ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Plac	New Principal Place of Business:	
13828 SOI MIAMI, FL	UTHWEST 142 AVENUE 33186 US			
Current Mailing Address:		New Mailing Addre	ess:	
	/ 142 AVE . 33186 US			
n accordan	r: 59-2128870 FEI Number Applied For () FI nce with s. 607.193(2)(b), F.S., the corporation did not rec d Address of Current Registered Agent:	·=	Certificate of Status Desired () of New Registered Agent:	
PRICE, R0 13828 SW MIAMI, FL The above	OBERT / 142 AVENUE . 33186 US e named entity submits this statement for the purpo e of Florida.			
SIGNATUI	Electronic Signature of Registered Agent		 Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	D () Delete PEDROSO, HUMBERTO 13820 SW 142 AVE MIAMI, FL 33186	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	VD () Delete VILLA, MARIANELA 13838 SOUTHWEST 142 AVENUE MIAMI, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () Delete VILLA, JORGE 13836 SW 142 AVE MIAMI, FL 33186	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	SD () Delete FRANK, HANRAHAN 13826 SW 142 AVE MIAMI, FL 33186	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	PD () Delete ROBERT, PRICE 13830 SW 142 AVE MIAMI, FL 33186	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT PRICE PD 07/17/2008