


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 759539**

1. Entity Name  
**TAMAIR INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 10021 SW 125 AVE MIAMI, FL 33186 US	Mailing Address 10021 SW 125 AVE MIAMI, FL 33186 US
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**DO NOT WRITE IN THIS SPACE**



04062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2814189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SORK, BERNARD  
 10021 SW 125 AVE  
 MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**

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 transferring)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD SORK, BERNARD 10021 SW 125 AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY ST ZIP	D STOLZENBERG, GLEND 3917 OSPREY CT WETSON, FL 33331
TITLE NAME STREET ADDRESS CITY ST ZIP	STD WIROSEMITO, ERNA 15273 SW 146 AVE MIAMI, FL 33177
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TITLE NAME STREET ADDRESS CITY ST ZIP	

1100000320469  
 04/21/05-80038-012 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bernard Sork (Pres) 4/13/05 (307 596-5421)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days to Print #