2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #759579

1. Entity Name

TAMI-SOUTHERN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

14364 S.W. 139 CT. MIAMI, FL 33186 435 S.W. 123 AVENUE MIAMI, FL 33184 US

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90409 036 ****61.25



01242006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-2261175

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PUTZ, JOHN 14364 S.W. 139TH COURT MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

•		IN I MIO STACE			
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 Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUTZ, JOHN 14364 SW 139TH CT. MIAMI, FL 33186				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COBIAN, VICTOR 14376-A S.W. 139 COURT MIAMI, FL 33186				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOSE 14370 S.W. 139TH COURT, UNIT 6 MIAMI, FL 33186		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-906

305-256-807

Daytime Phone #