

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

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90038 018 ****70.00

DOCUMENT # N00822

1. Entity Name

TAMIAMI CONDOMINIUM WAREHOUSE PLAZA
ASSOCIATION, INC.



Principal Place of Business

14352 SW 142 AVE
MIAMI, FL 33186

Mailing Address

14352 SW 142 AVE
MIAMI, FL 33186

40115609



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2646271

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~EISNOR SR. W.J.~~ Mary Lou Edelstein, Esq.
~~14352 SW 142 AVE~~ 1238 Anastasia Ave.
~~MIAMI, FL 33186~~ Coral Gables, FL 33134

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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 Mary Lou Edelstein, Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	President/Director
NAME	EISNOR W.J. SR.	Mary Lou Edelstein
STREET ADDRESS	14352 SW 142ND AVENUE	1238 Anastasia Ave.
CITY-ST-ZIP	MIAMI, FL 33186	Coral Gables, FL

TITLE	VD
NAME	EISNOR, W.J. JR.
STREET ADDRESS	14352 SW 142ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	SD
NAME	EISNOR, LOUISE A
STREET ADDRESS	14352 SW 142ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	D
NAME	CREGO, RAMON
STREET ADDRESS	14294 SW 142 AVE
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	D
NAME	MORTS, LARRY
STREET ADDRESS	14306 SW 142 AVE
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X Mary Lou Edelstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

305-666-6889

Daytime Phone #