2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006283

FILED Apr 30, 2009 Secretary of State

Entity Name: AIRPORT PARK AT TAMIAIR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	142 AVENUE				
¥203 MIAMI, FL	33184 US				
Current M	lailing Addres	ss:	New Mailing Address:		
435 SW 12 MIAMI, FL	23 AVENUE 33184 US		12955 SW 42 STREET SUITE 7 MIAMI, FL 33175 US	3	
El Number	: 65-1144101	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
30ADA, J					
JNIT 203	142 AVENUE 33186 US				
JNIT 203 MIAMI, FL The above	33186 US		purpose of changing its registered	office or registered agent, or both,	
JNIT 203 MIAMI, FL The above	33186 US named entity e of Florida.		purpose of changing its registered	office or registered agent, or both,	
JNIT 203 MIAMI, FL The above n the State	33186 US named entity e of Florida. RE:			office or registered agent, or both,	
JNIT 203 MIAMI, FL The above n the State SIGNATUI	33186 US named entity e of Florida. RE:	submits this statement for the	ent		
JNIT 203 MIAMI, FL The above n the State SIGNATUI OFFICER: Name: Address:	33186 US named entity of Florida. RE: Electror S AND DIREC	submits this statement for the nic Signature of Registered Agerones: Delete A AVE UNIT 109	ent ADDITIONS/CHANGES	Date	
JNIT 203 MIAMI, FL The above n the State SIGNATUI	33186 US e named entity e of Florida. RE: Electror S AND DIREC TD (GARCIA, JOSE 14260 SW 142 MIAMI, FL 331 PD (BOADA, JOSE	submits this statement for the nic Signature of Registered Agorana (Section 2014). Torks: 1) Delete 1: A 1: AVE UNIT 109 1: AVENUE, UNIT 203	ent ADDITIONS/CHANGES Title: (Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTOR	

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: JOSE BOADA P 04/30/2009