2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N03266

Entity Name: TAMIAIR COMMERCIAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14399 SW 142ND STREET
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

14399 SW 142ND STREET
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 59-2494808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRICKELL PROPERTY MANAGEMENT INC
14375 SW 142 STREET
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SUÑE, JULIO
Address: 14319 S.W. 142 STREET C 26
City-St-Zip: MIAMI, FL 33186 US

Title: VP ( ) Delete
Name: ROBERT, RUGILO
Address: 14355 SW 142 STRET A8
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete
Name: GALYA, WILLIAM
Address: 14373 SW 142 ST E-47
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Delete
Name: WATSON, HERMAN
Address: 14287 SW 142 ST D42
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: MONTICINO, JOSEPH
Address: 14341 SW 142 ST # B 15
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: T/ T 03/26/2009

Electronic Signature of Signing Officer or Director — Date