

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19 1996 8:00 am
Secretary of State

DOCUMENT # N07007 (0)

1. Corporation Name
TAMAIR COMMERCIAL CENTER SECTION I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
14260 SW 136 STR UNIT 11 MIAMI FL 33186 US
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3. Date Incorporated or Qualified: 01/08/1985
3a. Date of Last Report: 01/27/1995
4. FEI Number: 59-2501522
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**TURANO, MICHAEL A
14260 SW 136 STR
UNIT 11
MIAMI FL 33186**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GERSHEN, LARRY	
STREET ADDRESS	14612 SW 153 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	HADLEIGH, HOWD	
STREET ADDRESS	14260 S.W. 136 ST. #14	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANDERS, S.S.	
STREET ADDRESS	14260 SW 136 ST #4	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GILLMAN, JO	
STREET ADDRESS	14260 SW 136 STR #15	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	TURANO, MICHAEL A	
STREET ADDRESS	14260 SW 136ST #11	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP	MIAMI 33196	
21 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP	33186	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP	33186	
61 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	SIEDMAN, CRES E STEVE LEONARD	
63 STREET ADDRESS	P.O. Box 832377 MA 14260 SW 136 ST. #15	
64 CITY-ST-ZIP	MIAMI, FL. 33283 MIAMI, FL. 33186	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael A Turano* 2/14/96 305-252-1210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MICHAEL A. TURANO Date: _____ District Phone #: _____

CR2E037 (12/95)