## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N13146

(8)

TOMMY CONDOMINIUM ASSOCIATION INC.

FILED					
Feb	13	1998	8:00am		
Se	ecre	tary o	f State		

		ATION INC.		
Principal Plac	e of Business	Mailing Address		ı şanışını mai iyang iyini binin binin bili dilili dilili dilili dilili dilili dilili dilili ilidi.
8790 S.W. 9TH MIAMI FL 33174		8790 S.W. 9TH TERRACE MIAMI FL 33174		3- Date Incorporated or Qualified 01/24/1986
				4. FEt Number Applied For
2. Principal P	lace of Business	2a. Mailing Address		NOT APPLICABLE   Not Applicable
21		26		5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt	#, €lc.	Suite, Apt. #, etc		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
City & Stat		City & State	***************************************	7. Is this nonprofit corporation a homeowners association?
23	ī	28		☐ Yes ☐ No
Z(p	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25   9. Name and Address of Curre		30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
· ·		The state of the s	81 Name	14. Hame and Address of New Poglstered Agent
FERNAN	DEZ, TOMAS			ress (P.O. Box Number is Not Acceptable)
8790 S.W. 9TH TERRACE				1000 (1.10) Box Number is Not Acceptable;
MIAMI FI	L 33174		83	
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617 1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
office or r agent La	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida, Such change was au galions of,≨ection 617.0503, Flori	ithorized by the corporat ida Statutes.	tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	to purpose of processing to the state of the	en de		7 - 1 - 7 %
12.			Registered Agent signature required 13.	red when reinstand) PATE
THLE	PD	ND DIRECTORS	1.1 TOLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	FERNANDEZ, TOMAS	EJ better	1.2 NAME	Change Addition
STREET ADDRESS	8790 SW 9TH TER		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL			
TITLE	TSD	DELETE	1.4 CHY- \$1- ZIP	Change Addition
NAME	FERNANDEZ, NOELIA		22 NAME	
STREET ADDRESS	8790 SW 9TH TER		23 STREET ADDRESS	
CITY-ST ZIP	MIAMI FL		2. 4 CITY - ST - ZIP	İ
TITLE	VSD	DELETE	3 1 TITLE	Change Addition
NAME	ROSELL, CARIDAD		3.2 NAME	
STREET ADDRESS	8790 SW 9TH TER		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY - ST- ZIP	
TITLE		L] DETETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-7IF		D DOCE 10	4 4 CITY- ST- ZIP	
11flE		□ DECETE	5 1 TITLE	LJ Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-7IP TITLE		DELETE	5.4 CHY-ST-ZIP	Change Addition
NAME		☐ 0ttt t	6 1 TITLE	Li change Lij Addition
			62 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY - ST - ZIF	The artification of the same o		64 CITY-ST-ZIP	0 11 110 07/01/0 51 11 0 11 11 11 11 11 11 11 11

4. I hereby certly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this amount report or suppliemental 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 comporation or the received or fusite 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: Tomas Fewander