


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90043 050 ****66.25

DOCUMENT # N13146	
1. Entity Name TOMMY CONDOMINIUM ASSOCIATION INC.	

Principal Place of Business 8790 S.W. 9TH TERRACE MIAMI, FL 33174	Mailing Address 8790 S.W. 9TH TERRACE MIAMI, FL 33174
---	---



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent FERNANDEZ, TOMAS 8790 S.W. 9TH TERRACE MIAMI, FL 33174

**DO NOT WRITE
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 <u><i>Tomas Fernandez</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u><i>Tomas Fernandez</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	<u><i>1/15/06</i></u> <small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, TOMAS 8790 SW 9TH TER MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD FERNANDEZ, NOELIA 8790 SW 9TH TER MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FERNANDEZ, TOMAS JR. 8790 SW 9 TERRACE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <u><i>Tomas Fernandez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u><i>1/15/06</i></u> <small>Date</small>	<u><i>(305) 551-8095</i></u> <small>Daytime Phone #</small>
<u><i>Tomas Fernandez</i></u>		