


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N33788

1. Entity Name
TAMAIR COMMERCIAL CENTER SECTION II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O MARINSA MIAMI CORP BAY # 4 MIAMI, FL 33186 US	Mailing Address 14250 SW 136 ST BAY # 4 MIAMI, FL 33186 US
---	--

DO NOT WRITE IN THIS SPACE



02032006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0196600	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

**WALCHLI, UELI
 14250 SW 136 ST
 MIAMI, FL 33186**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000444701
 03/07/06-80012-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, MIGUEL 11898 SW 74 TERR MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICK, PHILIP A 1401 CORUNA AVENUE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALCHLI, UELI 10730 S.W. 148 AV. DR. MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPIVAK, MICHAEL B 9531 EAST CALUSA CLUB DR MIAMI, FL
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: *[Signature]* **Feb. 18 / 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-2520118