


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90035 009 \*\*\*\*61.25

**DOCUMENT # N33788**

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



Principal Place of Business <b>C/O MARINSA MIAMI CORP          BAY # 4          MIAMI, FL 33186 US</b>	Mailing Address <b>14250 SW 136 ST          BAY # 4          MIAMI, FL 33186 US</b>
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**DO NOT WRITE IN THIS SPACE**



02122007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0196600</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$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: *[Signature]* **2/12/07**

Separate typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

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]* **UELI WALCHLI** **3.8.2007 (905) 752-0118**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)