


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 C/O MARINSA MIAMI CORP BAY # 4 MIAMI, FL 33186 US	Mailing Address 14250 SW 136 ST BAY # 4 MIAMI, FL 33186 US
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02122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0196600	Applied For <input 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: *L. Walchli* DATE: 2/12/07

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

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	

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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: *L. Walchli* **UELI WALCHLI** 3.8.2007 (905) 752-0118

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