

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 19, 2009
Secretary of State**

DOCUMENT# N33788

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

Current Principal Place of Business:

C/O MARINSA MIAMI CORP
BAY # 4
MIAMI, FL 33186 US

New Principal Place of Business:

New Mailing Address:

C/O MARINSA MIAMI CORP
BAY # 4
MIAMI, FL 33186 US

Current Mailing Address:

14250 SW 136 ST
BAY # 4
MIAMI, FL 33186 US

FEI Number: 65-0196600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARCIA, MIGUEL
Address: 11898 SW 74 TERR
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: DICK, PHILIP A
Address: 1401 CORUNA AVENUE
City-St-Zip: CORAL GABLES, FL 33156

Title: STD () Delete
Name: WALCHLI, UELI
Address: 10730 S.W. 148 AV. DR.
City-St-Zip: MIAMI, FL 33196

Title: VD () Delete
Name: SPIVAK, MICHAEL B
Address: 9531 EAST CALUSA CLUB DR
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALCHLI, UELI

STD

03/19/2009

Electronic Signature of Signing Officer or Director

Date