

FILED
May 08, 2000 8:00 am
Secretary of State

03-21-2000 90020 001 ****61.50

DOCUMENT # N9600000450

1. Entity Name

TIGER'S TEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FRANCISCO J ARBIDE, ESQUIRE
 2601 S BAYSHORE DR. SUITE 1900
 MIAMI, FL 33133

FRANCISCO J ARBIDE, ESQUIRE
 2601 S BAYSHORE DR. SUITE 1900
 MIAMI, FL 33133-5417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBER CORPORATE AGENTS, INC.
 2601 S BAYSHORE DR
 19TH FLOOR
 MIAMI, FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | DELETE | TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | CHANGE | ADDITION |
|-------|---------------------|---------------------------|----------------|-------------------------------------|-------|---------------|----------------------|---------------------------|-------------------------------------|-------------------------------------|
| PD | ARBIDE, FRANCISCO J | 2601 S BAYSHORE DR. #1900 | MIAMI FL 33133 | <input checked="" type="checkbox"/> | | Brett Swander | 2977 Bird Ave | Miami FL | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TD | LEWIS, ALEXANDRA | 25 SE 2ND AVE #516 | MIAMI FL 33131 | <input type="checkbox"/> | | D | ARBIDE, FRANCISCO J. | 2601 S BAYSHORE DR. #1900 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information furnished 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 Required 3/14/2000 305-373-0791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #