

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725141

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** TIGERTAIL PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

800 CRANDON BLVD  
102  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 490720  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

P.O. BOX 490720  
KEY BISCAYNE, FL 33149

**FEI Number:** 59-1888623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MICHELE & ASSOCIATES  
800 CRANDON BLVD #102  
KEY BISCAYNE, FL 33149 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: P ( ) Delete  
Name: SUSANA, TAPIA  
Address: 2666 TIGER TAIL AVE #214  
City-St-Zip: MIAMI, FL 33133

Title: T ( ) Delete  
Name: MARIELLE, LORENZ  
Address: 2666 TIGER TAIL  
City-St-Zip: MIAMI, FL 33133

Title: VP ( ) Delete  
Name: LAURA, LAGOMASINO  
Address: 2666 TIGERTAIL AVE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: S ( ) Delete  
Name: KATZ, JULIE  
Address: 2666 TIGERTAIL AVE  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: HENRIQUZ, CHRISTIAN  
Address: 2666 TIGERTAIL AVE  
City-St-Zip: COCONUT GROVE, FL 33133

**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:

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: SUSANA TAPIA

P

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date