


FILE NOW: FILING FEE IS \$61.25

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Mar 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729994

1. Corporation Name.

TIGERTAIL BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 111 FONTAINEBLEAU BLVD
 CORAL GABLES FL 33172

Mailing Address
 111 FONTAINEBLEAU BLVD
 CORAL GABLES FL 33172



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2715 Tigertail Ave	26		06/07/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	MIAMI, FL	27		59-1546097	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28	MIAMI, FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24	33133	25		29	33172
Country		Country		30	

9. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIR
STE 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIONE, HENRY V			1.2 NAME	COOKS, IVORY		
STREET ADDRESS	2715 TIGERTAIL AVE., 205			1.3 STREET ADDRESS	2715 TIGERTAIL AVE., #603		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI FL 33133		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARROL, DICK			2.2 NAME	POLLACK, NORA		
STREET ADDRESS	2715 TIGERTAIL AVE., #508			2.3 STREET ADDRESS	2715 TIGERTAIL AVE., #PH8		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI, FL 33133		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LIGERMAN, DAVID			3.2 NAME	WISE, GARY		
STREET ADDRESS	2715 TIGERTAIL AVE. #407			3.3 STREET ADDRESS	2715 TIGERTAIL AVE., #609		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI, FL 33133		
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COOKS, IVORY			4.2 NAME	WENTZ, WILLIAM		
STREET ADDRESS	2715 TIGERTAIL AVE., #603			4.3 STREET ADDRESS	2715 TIGERTAIL AVE., #210		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	MIAMI, FL 33133		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FIELD, STEPHEN			5.2 NAME			
STREET ADDRESS	2715 TIGER TAIL AVE STE 403			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/99

CR2F037 (1/98)