FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State DOCUMENT # **729994** 1. Entity Name 05-20-2002 90256 038 ****61 TIGERTAIL BAY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Guarantee Management Services 2715 TIGERTRAIL AVE. Ratamass 7200 N.W. 7th Street, Suite 300 MIAM! FL 33133 Miami, Florida 33126-2941 2. Principal Place of Rusiness TIGE111 331720249 1B01 18 01/10/02 NOTIFY SENDER OF NEW ADDRESS :TIGER TAIL BAY &GUARANTEE MGNT DO NOT WRITE IN THIS SPACE 7200 NW 7TH ST STE 300 4. FEI Number Applied For MIAMI FL 33126-2941 59-1546097 Not Applicable \$8.75 Additional 5. Certificate of Status Desired **Fee Required** Tolkallandlahidlandlahidladladladladl 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SKRLD, INC 201 ALHAMBRA CIR STE 1102 Zip Code City CORAL GABLES FL 33134 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ★ Addition Delete TITLE TITLE ERMAN DAVID FURLAN, CHRISTOPHER NAME NAME 15 Tracetal Ave #407 STREET ADDRESS STREET ADDRESS 2715 TIGERTAIL AVE., #403 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 PD . Change Addition | Delete TITI F TITLE PORTER ELISABETH 2715 TIGHT THE AVE #102 COOKS, IVORY NAME NAME STREET ADDRESS STREET ADDRESS 2715 TIGERTAIL AVE., #603 CITY-ST-ZIP CITY-ST-ZIF MIAMI FL-33133 ----ជ Change ☐ Addition ☐ Delete TITI F TITLE NAME 40 VICTOI LUGO, VICTOR NAME STREET ADDRESS 715) Tigetta STREET ADDRESS 2715 TIGERTAIL AVE., #207 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 Midmi? Addition Change TITLE TITLE HERNANDEZ ALEJANDRO GOMEZ. PATRICIA NAME NAME TIS TIGETHE AVE # 501 STREET ADDRESS STREET ADDRESS 2715 TIGERTAIL AVE., #504 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 Change M Addition TITLE TITLE NAME WISE, GARY STREET ADDRESS STREET ADDRESS 2715 TIGERTAIL AVE., #609 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 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 trusted empayered 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #