

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739952

1. Entity Name

TIGER'S TRAPP CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2597 TRAPP AVE
COCONUT GROVE FL 33133
US

Mailing Address

2597 TRAPP AVE
COCONUT GROVE FL 33133
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1792278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRASSIE, YVONNE G
2597 TRAPP AVE
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name Maria C. Thorne

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

2595 Trapp Avenue

City Coconut Grove

FL

Zip Code 33133

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.

Maria C. Thorne

(NOTE: Registered Agent signature required when reinstating)

DATE

08/20/2001

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

TITLE VD
NAME SUBIC, ALISON
STREET ADDRESS 2591 TRAPP AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE SD
NAME THORNE, MARIA
STREET ADDRESS 2595 TRAPP AVE
CITY-ST-ZIP COCONUT GROVE FL ☐ Delete

TITLE D
NAME JOHANNESSEN, CATHY
STREET ADDRESS 2593 TRAPP AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE PD
NAME YVONNE GRASSIE
STREET ADDRESS 2597 TRAPP AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Maria C. Thorne

08/20/2001 205 8586483

FILED
Aug 31, 2001 8:00 am
Secretary of State

04-03-2001 90046 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)