

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739952

FILED
Apr 23, 2009
Secretary of State

Entity Name: TIGER'S TRAPP CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2637 SUGARLOAF LANE
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

2637 SUGARLOAF LANE
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 59-1792278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, ALISON J
2637 SUGARLOAF LANE
FORT LAUDERDALE, FL 33312 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: PT () Delete
Name: THOMPSON, ALISON J
Address: 2637 SUGARLOAF LANE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VPD () Delete
Name: JOHANNESSEN, CATHEY
Address: 2593 TRAPP AVENUE
City-St-Zip: MIAMI, FL 33133

Title: VPD () Delete
Name: THORNE, MARIA
Address: 290 SUNRISE DRIVE, #306
City-St-Zip: KEY BISCAVNE, FL 32149

Title: VPD () Delete
Name: GRASSIE, YVONNE
Address: 3916 IRVINGTON AVENUE
City-St-Zip: MIAMI, 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:

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: ALISON J. THOMPSON

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date