

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751581 (0)

1. Corporation Name

TIGER HOUSE CONDOMINIUM APARTMENTS, INC.



Principal Place of Business

C/O 360 GRECO AVENUE
STE. 200
CORAL GABLES FL 33146

Mailing Address

C/O 360 GRECO AVENUE
STE. 200
CORAL GABLES FL 33146

3. Date Incorporated or Qualified
03/17/1980

3a. Date of Last Report
03/08/1995

2. Principal Place of Business
21 **330 GRECO AVE**

2a. Mailing Address
26 **330 GRECO AVE**

4. FEI Number
65-0520750

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **# 104**

Suite, Apt. #, etc.
27 **# 104**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 **CORAL GABLES, FL**

City & State
28 **CORAL GABLES, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 **33146** Country
25 **USA**

Zip
29 **33146** Country
30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ZERBONE, ALESSANDRO
360 GRECO AVENUE, STE. 200
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
ZERBONE, ALESSANDRO
82 Street Address (P.O. Box Number is Not Acceptable)
330 GRECO AVE, #104
83
84 City
CORAL GABLES FL 85 Zip Code
33146

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, for 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZERBONE, ALESSANDRO	
STREET ADDRESS	360 GRECO AVE STE #207	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KHOSRAUI, SHAWN	
STREET ADDRESS	360 GRECO AVE STE 207	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABATE, SARA	
STREET ADDRESS	360 GRECO AVE STE 207	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ZERBONE, ALESSANDRO	
13 STREET ADDRESS	330 GRECO AVE, #104	
14 CITY - ST - ZIP	CORAL GABLES, FL 33146	
21 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ABATE, HANS	
23 STREET ADDRESS	1460 S. BAYSHORE DR., #605	
24 CITY - ST - ZIP	MIAMI, FL 33131	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ABATE, SARAH	
33 STREET ADDRESS	330 GRECO AVE #104	
34 CITY - ST - ZIP	CORAL GABLES, FL 33146	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. ZERBONE

1/17/96

(305) 461-3244

CR2E037 (12/95)