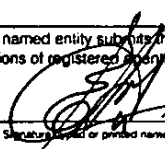
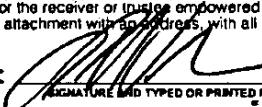


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

04-26-2007 90221 045 ****61.25

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DOCUMENT # N06000011401					
1. Entity Name TIGERTAIL TOWNHOMES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2601 S BAYSHORE DR SUITE 200 MIAMI, FL 33133			Mailing Address 2601 S BAYSHORE DR SUITE 200 MIAMI, FL 33133		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5817743	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROSSZ FIU CORPORATION 201 S BISCAYNE BLVD SUITE 850 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name EDUARDO AVILA Street Address (P.O. Box Number is Not Acceptable) 2601 S BAYSHORE DR #200 City MIAMI 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 05/15/07	
9. Election Campaign Financing Trust Fund Contribution ☐				10. Filing Fee is \$61.25 Due by May 1, 2007	
11. Make check payable to Florida Department of State				12. \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
PD	AVILA, CARLOS	2601 S BAYSHORE DR SUITE 200	MIAMI, FL 33133	Change ☐ Addition ☐	
VSD	MARTINEZ, ALFRED	2601 S BAYSHORE DR SUITE 200	MIAMI, FL 33133	Change ☐ Addition ☐	
TD	GROLL, SIMON A	2601 S BAYSHORE DR SUITE 200	MIAMI, FL 33133	Change ☐ Addition ☐	
				Change ☐ Addition ☐	
				Change ☐ Addition ☐	
				Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				Date _____ Daytime Phone # _____	