

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729994

Entity Name: TIGERTAIL BAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O GUARANTEE MANAGEMENT SERVICES
3785 NW 82ND AVENUE 109
DORAL, FL 33166**Current Mailing Address:**C/O GUARANTEE MANAGEMENT SERVICES
3785 NW 82ND AVENUE 109
DORAL, FL 33166 US**FEI Number:** 59-1546097**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NASH, CELENA R ESQ.
1701 NE 164TH STREET, STE 303
NORTH MIAMI BEACH, FL 33162 US*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:** CELENA R. NASH

03/04/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP	Title	PRESIDENT
Name	ARECES, SERGIO	Name	HILTON, JACQUELINE
Address	C/O GUARANTEE MANAGEMENT SERVICES 3785 NW 82ND AVENUE 109	Address	C/O GUARANTEE MANAGEMENT SERVICES 3785 NW 82ND AVENUE 109
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166
Title	TREASURER	Title	SECRETARY
Name	WENTZ, WILLIAM	Name	KLINGBERT, LINDA
Address	C/O GUARANTEE MANAGEMENT SERVICES 3785 NW 82ND AVENUE 109	Address	C/O GUARANTEE MANAGEMENT SERVICES 3785 NW 82ND AVENUE 109
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166
Title	DIRECTOR		
Name	AGUIAR, JOHN		
Address	C/O GUARANTEE MANAGEMENT SERVICES 3785 NW 82ND AVENUE 109		
City-State-Zip:	DORAL FL 33166		

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE HILTON

PRESIDENT

03/04/2025

Electronic Signature of Signing Officer/Director Detail

Date