2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 729994

Entity Name: TIGERTAIL BAY CONDOMINIUM ASSOCIATION, INC.

FILED Apr 28, 2025 Secretary of State 0466837064CC

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. 7501 WILES ROAD SUITE 204 CORAL SPRINGS, FL 33067 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 04/28/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** Name HILTON, JACQUELINE Name WENTZ, WILLIAM

C/O GUARANTEE MANAGEMENT C/O GUARANTEE MANAGEMENT Address Address **SERVICES**

SERVICES

3785 NW 82ND AVENUE 109 3785 NW 82ND AVENUE 109

DORAL FL 33166 DORAL FL 33166 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title DIRECTOR KLINGBERT, LINDA Name AGUIAR, JOHN Name

Address C/O GUARANTEE MANAGEMENT Address C/O GUARANTEE MANAGEMENT

> SERVICES SERVICES

3785 NW 82ND AVENUE 109 3785 NW 82ND AVENUE 109

City-State-Zip: DORAL FL 33166 City-State-Zip: DORAL FL 33166

Electronic Signature of Signing Officer/Director Detail

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.