


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000000654

1. Entity Name
GREENWAYS CONDOMINIUM OF CORAL GABLES ASSOCIATION, INC.



Principal Place of Business 730 CORAL WAY SUITE 203 CORAL GABLES, FL 33134	Mailing Address 730 CORAL WAY SUITE 203 CORAL GABLES, FL 33134
--	--

DO NOT WRITE IN THIS SPACE



02132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1055477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARRION, MARIO S
 730 CORAL WAY
 SUITE 203
 CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CARRION, MARIO S 730 CORAL WAY, #203 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD DE GUZMAN, RAFAEL 730 CORAL WAY, #103 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000831235
 02/27/08-80010-006 61.25

DO NOT WRITE IN THIS SPACE

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: Mario S Carrion 2/16/08 3055872465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #