

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90016 019 \*\*\*\*61.25

<b>DOCUMENT # N33541</b> 1. Entity Name <b>GALLOWAY AND MILLER ESTATES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <del>8800 SW 40TH STREET</del> <del>P.O. BOX 144</del> <del>MIAMI, FL 33155 US</del>			Mailing Address <del>8800 SW 40TH ST.</del> <del>P.O. BOX 144</del> <del>MIAMI, FL 33155 US</del>		
2. Principal Place of Business - No P.O. Box # <b>8770 SW 72nd Street</b>		3. Mailing Address <b>8770 SW 72nd Street</b>			
Suite, Apt. #, etc. <b>#423</b>		Suite, Apt. #, etc. <b>#423</b>		05122008 Chg-NP CR2E037 (12/06)	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>65-0286998</b>	
Zip <b>33173-3512</b>		Zip <b>33173-3512</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <del>MATA, LUIS M</del> <del>5680 SW 88 PLACE</del> <del>MIAMI, FL 33173</del>				7. Name and Address of New Registered Agent Name <b>Irene Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) <b>5955 SW 88th Place</b> City <b>Miami, FL</b> Zip Code <b>33173</b>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE <i>Irene Rodriguez</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <b>5/12/08</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DD Director only</b> <input type="checkbox"/> Delete <b>RODRIGUEZ, MANNY</b> <b>5955 SW 88TH PLACE</b> <b>MIAMI, FL 33173</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Rodriguez, Manuel Director</b> <b>5955 SW 88th Place</b> <b>Miami, FL 33173</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>SD</b> <b>SEGARRA, SERGIO</b> <b>5986 SW 88 PLACE</b> <b>MIAMI, FL 33173</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Rodriguez, Irene Pres./Director</b> <b>5955 SW 88th Place</b> <b>Miami, FL 33173</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TD</b> <b>MARRERO, CARMEN</b> <b>8540 SW 60TH STREET</b> <b>MIAMI, FL 33173</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Marrero, Carmen</b> <b>8840 SW 60th ST</b> <b>Miami, FL 33173</b> <b>Sec./Director</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>T</b> <del><b>MATA, LUIS M</b></del> <del><b>5680 SW 88TH PLACE</b></del> <del><b>MIAMI, FL 33173</b></del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Delfina Perez, Vice Pres./Treas.</b> <b>8870 SW 57th Street</b> <b>Miami, FL 33173</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Carmen Marrero</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>5/12/08</b> <small>Date</small>		
<small>Daytime Phone #</small>					