FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769140

(5)

GALLOWAY 93 CONDOMINIUM ASSOCIATION, INC.

FILED
May 13 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address								
9300 SW 87TH MIAMI FL 33176	AVENUE. SUITE 6	9300 SW 87TH AVENUE. SUITE 6 MIAMI FL 33176			3. Date Incorporated or Qualified 06/28/1963			
ļ						4. FEI Number		pplied For ot Applicable
2. Principal P	lace of Business	2a. Mailing Address				59-2261182		Additional
21		26				5. Certificate of Status Desired		equired
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00	May Be
22		27				Trust Fund Contribution	Added t	o Fees
City & State	0	City & State				7. Is this nonprofit corporation a homeowner)Π?
Zip	Country	Zip Country				Yes No		
24	25	29	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
47.1	9. Name and Address of Current					10. Name and Address of New Registered		
				81 N	lame	7		
SIEGER, CHARLES M.				82 S	treet Addre	ess (P.O. Box Number is Not Acceptable)		
9300 SW 87TH AVENUE, SUITE 6			L			· /		
MAMI FI	L			83				
			ľ	84 C	ity	FL	85 Zip	Code
11. Purguant	to the provisions of Sections 617 0500	and 617 1508 Florida Statu	tes the eh	YOU P-DE	emed corn	oration submits this statement for the purpose of	changing i	ts registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized	by the	e corporati	on's board of directors. I hereby accept the app	xointment as	registered
}	m tamiliar with, and accept the obliga	tions or, section 617.0503, Fi	orida Stati	Jtes.				
SIGNATURE .	Signature, typed or printed name of registered agen	R and little if applicable (NO	TE: Registered	Agent si	gnature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	☐ DELETE	1.1 TIT	LE			☐ Change	Addition
NAME	SEIGER, CHARLES M		1.2 NA	ME				
STREET ADDRESS	9300 SW 87TH AVE. STE 1		1.3 STI	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL			Y-ST-ZI	P .			
TITLE	STD	☐ DELETE	2.1 TIT	LE			Change	
NAME	CHUNG, MELODY		2.2 NA	ME				
STREET ADDRESS	9300 SW 87TH AVE, STE 7		2.3 STI	REET ADD	XRESS			
CITY-ST-ZIP	MIAMI FL 33176			TY-ST-Z	.1P			
TITLE	TO	☐ DELETE	3.1 TIT				☐ Change	Addition Addition
NAME	MADIA, MELISSA		3.2 NA	ME				
STREET ADDRESS	9300 SW 87TH AVE., STE 6		3.3 ST	3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33176			3.4. CITY-ST-ZIP			<u> </u>	
TITLE		☐ DELETE		4.1 TITLE			☐ Change	Addition
HAME	P		4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REET ADD	XRESS			
CITY-ST-ZIP			_	4.4 CITY - ST - ZIP			T-10	114488
TITLE		☐ DELETE		5.1 TITLE			Change	Addition
NAME			5.2 NA		- 1			
STREET ADDRESS				REET ADD				
CITY-ST-ZIP				Y-ST-ZI	P	<u> </u>		
TITLE		☐ DELETE	6.1 T IT		1		Change	☐ Addition
NAME			6.2 NA	ME	1			

14. Thereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the Information indicated on this annual report or supplier entry annual 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 of the program of th

6.3 STREET ADDRESS

SIGNATURE: X/

STREET ADDRESS

CITY-ST-ZIP