

**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** ☐

**\$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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

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**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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/08

Date

3055872465

Daytime Phone #