2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# N00000001014

Entity Name: GARDENGATE TOWNHOMES I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2500 N.W. 97TH AVENUE
STE. 200
MIAMI, FL 33172

New Principal Place of Business:

2200 NW 102 AVENUE
#5
DORAL, FL 33172

Current Mailing Address:

2500 N.W. 97TH AVENUE
STE. 200
MIAMI, FL 33172

New Mailing Address:

2200 NW 102 AVENUE
#5
DORAL, FL 33172

FEI Number: 65-1099817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPM GROUP, INC.
2500 N.W. 97TH AVENUE
STE. 200
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

SPM GROUP, INC.
2200 NW 102 AVENUE
#5
DORAL, FL 33172 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: _____ 05/05/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AMADO, JUAN
Address: 10604 NW 87 CT
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: SD ( ) Delete
Name: PARRA, MADELYN
Address: 8702 NW 106 TERR.
City-St-Zip: HILEAH GARDENS, FL 33018

Title: T ( ) Delete
Name: HARVIN, LUMBI
Address: 10618 NW 87 CT
City-St-Zip: HIALEAH, FL 33018

Title: D ( ) Delete
Name: MARTIN, DAVID
Address: 8703 NORTHWEST 106 LANE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: D ( ) Delete
Name: BASTOS, EMMANUEL
Address: 8773 NW 106 LANE
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AMADO, JUAN PD 05/05/2009
Electronic Signature of Signing Officer or Director — Date