

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90064 030 ****61.25

DOCUMENT # N00000004111					
1. Entity Name GALLOWAY SUNSET ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7503 S W 122 PLACE MIAMI, FL 33183			Mailing Address 7503 S W 122 PLACE MIAMI, FL 33183		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1132633	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSEN, STEVEN M ESQ 5601 BISCAYNE BLVD MIAMI, FL 33137			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MONTIEL, HUGO STREET ADDRESS 7503 SW 122 PLACE CITY-ST-ZIP MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Trabanco, Dinora STREET ADDRESS 7403 SW 122 PL CITY-ST-ZIP MIAMI FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME FELDMAN, ROBERT STREET ADDRESS 12231 SW 72 TER. CITY-ST-ZIP MIAMI, FL 33183	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME TRABANCO, DINORA STREET ADDRESS 7403 SW 122 PL CITY-ST-ZIP MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Maria M. Urgelles STREET ADDRESS 7463 SW 122 PL CITY-ST-ZIP MIAMI FL 33183	<input checked="" 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	
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/5/08 305-596-3416 <small>Date Daytime Phone #</small>		