

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N00999

Entity Name: GARDENS ON THE BAY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6484 INDIAN CREEK DR.
OFFICE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6484 INDIAN CREEK DR.
OFFICE
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 59-2388042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAZER, ERIC M
1920 EAST HALLANDALE BEACH BLVD.
8TH FL., CORPORATE PLACE
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALVAREZ, MARTA
Address: 6484 INDIAN CREEK DR., APT 108
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPD () Delete
Name: VIORIO, PEDRO
Address: 6484 INDIAN CREEK DR., APT. 226
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD () Delete
Name: HERNANDEZ, SOBEIDA
Address: 3580 SW 127TH AVE
City-St-Zip: MIAMI, FL 33175

Title: T () Delete
Name: MEDEROS, HILDA
Address: 6484 INDIAN CREEK DR., APT. 322
City-St-Zip: MIAMI BEACH, FL 33141

Title: AST () Delete
Name: PEREZ, ENRIQUE
Address: 6484 INDIAN CREEK DR., APT. 235
City-St-Zip: MIAMI BEACH, FL 33141

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 for the exemption stated in Section 119.07(3)(i), 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: MARTA ALVAREZ

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date