

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00999

FILED  
Feb 25, 2008  
Secretary of State

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: SIERRA, MARGARITA  
Address: 6484 INDIAN CREEK DR., APT. 210  
City-St-Zip: MIAMI BEACH, FL 33141

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: T (X) Change ( ) Addition  
Name: LOPEZ, FLOR  
Address: 6484 INDIAN CREEK DR. APT 314  
City-St-Zip: MIAMI BEACH, FL 33141

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: MARTA ALVAREZ

P

02/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date