

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00999

FILED
Feb 25, 2009
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: LOPEZ, FLOR
Address: 6484 INDIAN CREEK DR. APT 314
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: ASD (X) Change () Addition
Name: SABUGO, ILEANA
Address: 6484 INDIAN CREEK DR. APT 121
City-St-Zip: MIAMI BEACH, FL 33141

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

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

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date