

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00999

FILED
May 18, 2010
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 ()**
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:

SOSA, WINSTON H ESQ
782 NW 42 AVENUE, SUITE 530
MIAMI, FL 33126 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
Name: ALVAREZ, MARTA
Address: 6484 INDIAN CREEK DR., APT 108
City-St-Zip: MIAMI BEACH, FL 33141

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

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

Title: ASD
Name: MIGUELTORENA, EDUARDO
Address: 6484 INDIAN CREEK DR. APT 320
City-St-Zip: MIAMI BEACH, FL 33141

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

I hereby 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 all other like empowered.

SIGNATURE: MARTA ALVAREZ

PD

05/18/2010

Electronic Signature of Signing Officer or Director

Date