

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90029 041 ****61.25

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DOCUMENT # N01238 1. Entity Name GALLOWAY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6925 NW 42ND ST. MIAMI, FL 33166-6020			Mailing Address 6925 NW 42ND ST. MIAMI, FL 33166-6020 US		
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 59-2365745	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRONKAN, WILLIAM 8500 SW 92 ST. SUITE 203 MIAMI, FL 33156				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRONKAN, WILLIAM		NAME		
STREET ADDRESS	8500 SW 92 STREET #203		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLER, PHILIP		NAME		
STREET ADDRESS	8500 SW 92ND STREET #106B		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURTHY, HALL		NAME		
STREET ADDRESS	8600 SW 92 ST. #102 A		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THURSTON, THURSTON PHD		NAME		
STREET ADDRESS	8600 SW 92 ST SUITE A 203		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOLAH, HERNAN D		NAME		
STREET ADDRESS	8600 SW 92 ST. SUITE A-101		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			2-7-07 305 596 9010		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		