


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # N03000002314 1. Entity Name GIRALDA GARAGE CONDOMINIUM ASSOCIATION, INC. |  |
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| Principal Place of Business C/O CITY ATTORNEY OFFICE 405 BILTMORE WAY CORAL GABLES, FL 33134 | Mailing Address C/O CITY ATTORNEY OFFICE 405 BILTMORE WAY CORAL GABLES, FL 33134 |
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03022007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-6000293 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent NELSON, DONALD G C/O CITY ATTORNEY OFFICE 405 BILTMORE WAY CORAL GABLES, FL 33134 |
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

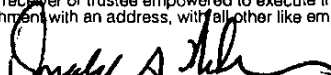
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SLESNICK, DONALD 405 BILTMORE WAY CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD ANDERSON, MARIA 405 ALHAMBRA CIRCLE, STE. 1102 CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD CABRERA, RALPH JR. 405 BILTMORE WAY CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KERDYK, WILLIAM H JR. 405 BILTMORE WAY CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WITHERS, WAYNE E 405 BILTMORE WAY CORAL GABLES, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000657378
03/14/07-80066-002 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

 **3/6/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #