
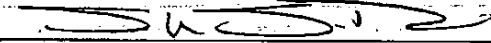


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90041 023 \*\*\*\*61.25

DOCUMENT # N03000003789			
1. Entity Name GALAPAGOS AT ISLANDS AT DORAL PHASE II NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 7270 NW 12 ST STE 410 MIAMI, FL 33126		Mailing Address 7270 NW 12 ST STE 410 MIAMI, FL 33126	
2. Principal Place of Business 300 Dragon Suite, Apt. #, etc. Suite 210 City & State Coral Gables FL		3. Mailing Address 300 Dragon Suite, Apt. #, etc. Suite 210 City & State Coral Gables, FL	
Zip 33134		Country	
4. FEI Number 20-0732202		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICE, SHERYL S 7270 NW 12TH STREET, SUITE 410 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name: <del>Gables Professional</del> Street Address (P.O. Box Number is Not Acceptable): <del>300 Dragon</del> <del>Suite 210</del> City: <del>Coral Gables</del> FL Zip Code: <del>33134</del>	
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 \$81.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	DPT RICE, SHERYL 7270 NW 12 ST STE 410 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PICO, BARBARA 7270 NW 12 ST STE 410 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JESSICA E 7270 NW 12 ST STE 410 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 2/26/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

00002146



01062006 Chg-NP CR2E037 (11/05)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2006

GALAPAGOS AT ISLANDS AT DORAL PHASE II NEIGHBORHOOD ASS  
300 ORAGON  
SUITE 210  
MIAMI, FL 33134

Subject: GALAPAGOS AT ISLANDS AT DORAL PHASE II NEIGHBORHOOD

Reference Number: N03000003789

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE  
ANNUAL REPORTS SECTION