


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90181 011 ****61.25

DOCUMENT # N03000003789

1. Entity Name
GALAPAGOS AT ISLANDS AT DORAL PHASE II NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
300 ARAGON STE 210 MIAMI, FL 33134

Mailing Address
300 ARAGON STE 210 MIAMI, FL 33134

2. Principal Place of Business - No P.O. Box #
300 ARAGON AVENUE SUITE 210 MIAMI, FL

3. Mailing Address
300 ARAGON AVENUE SUITE 210 MIAMI, FL

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33134

Country
USA

Zip
33134

Country
USA



04212007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-0732202

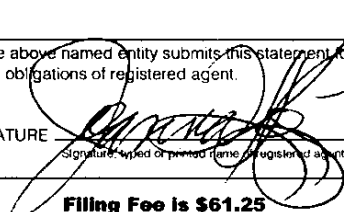
Applied For
 Not Applicable

5. Certificate of Status Desired **\$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
GABLES PROFESSIONAL MANAGEMENT
 Street Address (P.O. Box Number is Not Acceptable)
300 ARAGON AVENUE SUITE 210
 City
MIAMI FL Zip Code
33134

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  **JOANNA K. LOPEZ, PROPERTY MANAGER** **4/23/2007**

Signature typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when registering) 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**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RICE, SHERYL 7270 NW 12 ST STE 410 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PICO, BARBARA 7270 NW 12 ST STE 410 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JESSICA E 7270 NW 12 ST STE 410 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASSINGENA, FERNANDO 8509 NW 110th AVENUE MIAMI, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AMAYO, JAIRO 8526 NW 110th PLACE MIAMI, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, JUNIE 8512 NW 110th PLACE MIAMI, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARIAS, JESUS 8538 NW 110th AVENUE MIAMI, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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:  **4/23/07 305441-0904**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #