2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003789

Apr 07, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

300 ARAGON AVENUE SUITE 210 MIAMI, FL 33134

New Mailing Address: Current Mailing Address:

300 ARAGON AVENUE SUITE 210 MIAMI, FL 33134

FEI Number: 20-0732202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GABLES PROFESSIONAL MANAGEMENT JUAN A. SANCHEZ, P.A. 10251 SW 72 STREET 300 ARAGON AVENUE SUITE 210 SUITE A-106 MIAMI, FL 33134 US MIAMI, FL 33173 US

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: JUAN A. SANCHEZ 04/07/2009 Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

(X) Change () Addition () Delete CASSINGENA, FERNANDO CASSINGENA, FERNANDO Name: Name: 8509 NW 110TH AVENUE Address: 8509 NW 110TH AVENUE Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178 US

Title: TD Title: (X) Change () Addition () Delete ARIAS, JESUS Name: ARIAS, JESUS Name:

Address: 8538 NW 110TH AVENUE Address: 8538 NW 110TH AVENUE

City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178 US

Title: () Delete Title: SD (X) Change () Addition MARIANO, MARQUEZ MARQUEZ, MARIANO Name: Name:

Address: 8513 NW 111 CT. Address: 8513 NW 111 COURT City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178 US

Title: () Delete Title: VPD () Change (X) Addition

GAUDIOSO, KEITH R Name: Name: 11133 NW 84 STREET Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33178 US

Title: () Delete Title: () Change (X) Addition

DAVILA, AXEL E Name: Name: 8539 NW 110 PLACE Address: Address: MIAMI, FL 33178 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FERNANDO CASSINGENA PD 04/07/2009