2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90197 047 ****61.25

DOCUMENT # N03000010912

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

Principal Place of Business	Mailing Address
300 ARAGON AVENUE SUITE 210 CORAL GABLES, FL 33134	300 ARAGON AVENUE SUITE 210 CORAL GABLES, FL 33134

04212007 Chg-NP CR2E037 (12/06)

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 20-0731270 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GABLES PROFESSIONAL MANAGEMENT 300 ARAGON AVENUE SUITE 210 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

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	P GONZALEZ, JESSICA 7270 NW 12TH ST., SUITE 410 MIAMI, FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIAZ, MARY 7843 NW 112 PLACE MIAMI, FL 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RICE, SHERYL S 7270 NW 12TH ST., SUITE 410 MIAMI, FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROBINSON, EDWARD JAMES 11242 NW 79 LANE MIAMI, FL 33178	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PICO, BARBARA 7270 NW 12TH ST., SUITE 410 MIAMI, FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HORNERO, EDUARDO 11221 NW 78 STREET MIAMI, FL 33178	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CISMONDI, MARVIN 11229 NW 79 LANE MIAMI, FL 33178	☒ ADDITION	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NARANJO, MADELINE 11229 NW 78 LANE MIAMI, FL 33178	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AVELLANET, MARVEL 11271 NW 79 LANE MIAMI, FL 33178	☒ ADDITION	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANDAL, ROLANDO 11224 NW 77 TERRACE MIAMI, FL 33178	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROLON, ANA E. 11206 NW 77 TERR. MIAMI, FL 33178	☒ ADDITION	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMACHO, ADALBERTO 11226 NW 78 STREET MIAMI, FL 33178	☐ Change ☒ 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: Mary Diaz 4/23/07 305 441-0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #