2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003420

FILED Jan 23, 2009 Secretary of State

Entity Name: GARDEN VIEW CONDOMINIUM APARTMENTS ASSOCIATION, INC.

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

11000 SW 200 ST 14275 SW 142 AVE MIAMI, FL 33157 14275 SW 133186

Current Mailing Address: New Mailing Address:

14275 SW 142 AVE 14275 SW 142 AVE MIAMI, FL 33486 14275 SW 142 AVE

FEI Number: 20-4093132 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:

HABER, ROBERT M
520 BRICKELL KEY DR STE 0-305
MIAMI, FL 33157 US
TRIAY, CARLOS M
2301 NW 87 AVE
SUITE 501
MIAMI, FL 33172 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.

iii the State of Florida.

SIGNATURE: CARLOS TRIAY 01/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 DEGUZMAN, JOSE M JR.
 Name:
 DE GUZMAN, JOSE M JR.

 Address:
 11000 SW 200 ST
 Address:
 14275 SW 142 AVE

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 MIAMI, FL 33186

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

 Name:
 DEGUZMAN, JOSE M
 Name:

 Address:
 11000 SW 200 ST
 Address:

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:

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

 Name:
 URIBE, MARIA V
 Name:

 Address:
 11000 SW 200 ST
 Address:

 City-St-Zip:
 MIAMI, FL 33157
 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: JOSE DE GUZMAN P 01/23/2009