

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N21325</b> 1. Entity Name COURTS OF GALLOWAY GLEN HOMES ASSOCIATION, INC.	
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Principal Place of Business 9200 SW 105TH STREET MIAMI, FL 33176	Mailing Address 9200 SW 105TH STREET MIAMI, FL 33176
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**DO NOT WRITE IN THIS SPACE**

02082005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0148339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MISRAHI, JOSE  
 9200 SW 105TH STREET  
 MIAMI, FL 33176

**DO NOT WRITE IN THIS SPACE**

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 Jose Misrahi DATE 7.5.05

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, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENBERG, RUTH 10560 S.W. 91ST AVENUE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTINO, SAL 10561 S.W. 91ST AVENUE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, EDITH L. 10400 S.W. 92ND AVENUE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MISRAHI, JOSE 9200 SW 105TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, JOSE 10461 SW 91 AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COHEN, IVONNE 10400 S.W. 91 AVE MIAMI, FL 33176

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 07/11/05-80019-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Treasurer Jose Misrahi DATE 7.5.05 Daytime Phone # 305 271.4370

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