

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N21325

1. Entity Name:
**COURTS OF GALLOWAY GLEN HOMES ASSOCIATION,
INC.**



Principal Place of Business
**10560 SW 91ST AVE.
MIAMI, FL 33176**

Mailing Address
**10400 SW 92ND AVE.
MIAMI, FL 33176**



01112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0148339

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, EDITH
10400 SW 92 AVE
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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: ROSENBERG, RUTH
STREET ADDRESS: 10560 S.W. 91ST AVENUE
CITY-STATE-ZIP: MIAMI, FL 33176

TITLE: VPD
NAME: MARTINO, SAL
STREET ADDRESS: 10561 S.W. 91ST AVENUE
CITY-STATE-ZIP: MIAMI, FL 33176

TITLE: TD
NAME: GONZALEZ, EDITH L.
STREET ADDRESS: 10400 S.W. 92ND AVENUE
CITY-STATE-ZIP: MIAMI, FL 33176

TITLE: D
NAME: REYES, JOSE
STREET ADDRESS: 10461 SW 91 AVE
CITY-STATE-ZIP: MIAMI, FL 33176

TITLE: D
NAME: GONZALEZ, REINALDO R.
STREET ADDRESS: 10400 SW 92ND AVE
CITY-STATE-ZIP: MIAMI, FL 33176

TITLE: D
NAME: FIDANQUE, STANLEY
STREET ADDRESS: 10401 SW 92ND AVE
CITY-STATE-ZIP: MIAMI, FL 33176

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01/17/08-80051-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/11/08

305-5928026