

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21325

FILED
Jan 23, 2009
Secretary of State

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

Current Principal Place of Business:

10560 SW 91ST AVE.
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10400 SW 92ND AVE.
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0148339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, EDITH
10400 SW 92 AVE.
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSENBERG, RUTH,
Address: 10560 S.W. 91ST AVENUE
City-St-Zip: MIAMI, FL 33176

Title: VPD () Delete
Name: MARTINO, SAL,
Address: 10561 S.W. 91ST AVENUE
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: GONZALEZ, EDITH L.,
Address: 10400 S.W. 92ND AVENUE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: REYES, JOSE
Address: 10461 SW 91 AVE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: GONZALEZ, REINALDO R
Address: 10400 SW 92ND AVE.
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: FIDANQUE, STANLEY
Address: 10401 SW 92ND AVE.
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: EDITH GONZALEZ

TD

01/23/2009

Electronic Signature of Signing Officer or Director

Date