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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N33541

1. Corporation Name

GALLOWAY AND MILLER ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

6800 SW 40TH STREET
 P.O. BOX 141
 MIAMI FL 33155
 US

Mailing Address

6800 SW 40TH ST.
 P.O. BOX 141
 MIAMI FL 33155
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/02/1989

4. FEI Number

65-0286998

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PINEIRO, EDUARDO
8841 SW 58 STREET
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME PINEIRO, EDUARDO
 STREET ADDRESS 8841 SW 58 STREET
 CITY-ST-ZIP MIAMI FL

TITLE VD DELETE
 NAME LLERANDI, VICTOR
 STREET ADDRESS 8830 SW 58 STREET
 CITY-ST-ZIP MIAMI FL

TITLE VD DELETE
 NAME CORZO, ENRIQUE
 STREET ADDRESS 5881 SW 88 COURT
 CITY-ST-ZIP MIAMI FL

TITLE SD DELETE
 NAME SEGARRA, SERGIO
 STREET ADDRESS 5986 SW 88 PLACE
 CITY-ST-ZIP MIAMI FL

TITLE TD DELETE
 NAME INGLIS, ROLANDO
 STREET ADDRESS 8845 SW 57 STREET
 CITY-ST-ZIP MIAMI FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 305-573-8511
 Date Daytime Phone #

CR2E037 (11/98)