


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N33541
 1. Entity 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**

DO NOT WRITE IN THIS SPACE



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number: **65-0286998** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MATA, LUIS M
5680 SW 88 PLACE
MIAMI, FL 33173

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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: _____ (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 RODRIGUEZ, MANNY 5955 SW 88TH PLACE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEDENES, ANTONIO 8825 SW 60TH STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEGARRA, SERGIO 5986 SW 88 PLACE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MADRENO, CARMEN 8540 SW 60TH STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATER, LUIS M 5680 SW 88TH PLACE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/29/05-80060-001 81.25

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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 another like empowered

SIGNATURE: Luis M Mata Date: 1/27/05 Daytime Phone #: (305) 898 2623 xTN