

Amended

07-17-2003 90035 049 *****61.25

FILE N51341


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 OCT 17 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51341

1. Entity Name
GALLOWAY ESTATES AT SNAPPER CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

%PROFESSIONAL MANAGEMENT **%PROFESSIONAL MANAGEMENT**
9095 SW 87 AVE #777 **9095 SW 87 AVE #777**
MIAMI, FL 33176 **MIAMI, FL 33176**

2. Principal Place of Business 3. Mailing Address

C/O MIAMI MANAGEMENT, INC. **C/O MIAMI MANAGEMENT, INC.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
14275 S.W. 142 AVE **14275 S.W. 142 AVE**

City & State City & State

MIAMI, FLORIDA **MIAMI, FLORIDA**

Zip Country Zip Country

33186 **USA** **33186** **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For

65-0470187 **Not Applicable**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SKRLD, INC
201 ALHAMBRA CIRCLE
STE 1102
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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 changing) DATE _____

FILE NOW FEE IS \$51.25

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

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|-----------------|---------------------------------|
| TITLE | TD | |
| NAME | BLOCK, JAMES | |
| STREET ADDRESS | 8234 SW 85 TERR | |
| CITY-ST-ZIP | MIAMI, FL 33143 | |
| TITLE | PD | |
| NAME | SAPP, STEPHEN | |
| STREET ADDRESS | 8316 SW 84 TERR | |
| CITY-ST-ZIP | MIAMI, FL 33143 | |
| TITLE | D | |
| NAME | MARINS, MONIKA | |
| STREET ADDRESS | 8232 SW 84 TERR | |
| CITY-ST-ZIP | MIAMI, FL 33143 | |
| TITLE | SD | |
| NAME | ROBEL, BONNIE | |
| STREET ADDRESS | 8460 SW 83 CT. | |
| CITY-ST-ZIP | MIAMI, FL 33143 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|---|----------------------|---------------------------------|--|
| TITLE | D | | |
| NAME | GLORIA COMAS | | |
| STREET ADDRESS | 8267 S.W. 85 TERRACE | | |
| CITY-ST-ZIP | MIAMI, FLORIDA 33143 | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. 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 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: *Stephen Sapp* **STEPHEN SAPP PRESIDENT** 10/18/2003 305 2894733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

21 10/22

CR2E037 (10/02)