

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002417 (3)**

1. Corporation Name

**GALLOWAY PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

6401 S.W. 87TH AVE.  
SUITE 210  
MIAMI FL 33173

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SUITE 210  
MIAMI FL 33173

3. Date Incorporated or Qualified  
**05/13/1994**

3a. Date of Last Report  
**09/07/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**65-0586152**

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKEAN, RANDOLPH A**  
**6401 S.W. 87TH AVE.**  
**SUITE 210**  
**MIAMI FL 33173**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PSD</del> <input type="checkbox"/> DELETE	1.1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEAN, RANDOLPH A	1.2 NAME	
STREET ADDRESS	6401 S.W. 87TH AVE., SUITE 210	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEDDY, LAWRENCE T	2.2 NAME	
STREET ADDRESS	41410 N. KENDALL DR., SUITE 309	2.3 STREET ADDRESS	7775 SW 87 AVE, Suite 120
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	Miami, FL 33173
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Cohen, Eric
STREET ADDRESS		3.3 STREET ADDRESS	7775 SW 87 AVE, Suite 100
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33173
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

Date

305-270-0820

Daytime Phone #

CR2E037 (12/95)