


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000002417</b>					
1. Entity Name GALLOWAY PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9095 SW 87 AVENUE SUITE 777 MIAMI, FL 33176 US			Mailing Address 9095 SW 87 AVENUE SUITE 777 MIAMI, FL 33176 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
				4. FEI Number 65-0586152	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHERIDAN, DREW 7765 SW. 87 AVE STE 102 MIAMI, FL 33173			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	
NAME	SHERIDAN, DREW			NAME	
STREET ADDRESS	7765 SW. 87 AVE STE 102			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	
NAME	SANTIAGO, RAMON A JR			NAME	
STREET ADDRESS	7765 SW 87 AVE STE 207			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	
NAME	BUNAOL, OARVL			NAME	
STREET ADDRESS	7775 SW 87 AVE STE 120			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	WESTON, KENNETH A			NAME	
STREET ADDRESS	7775 SW. 87 AVE STE 100			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	
NAME	BETANCOURT, RAMIRO A			NAME	
STREET ADDRESS	7765 SW 87 AVE STE 200			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Drew Sheridan</u> TD DREW SHERIDAN				Date: <u>3/21/06</u> 305 596 3368	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	



02162006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0586152 Applied For Not Applicable

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

FL Zip Code

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 04/11/06-80111-019 61.25