

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90030 013 ****61.25



DOCUMENT # N94000002417
 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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02182008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0586152

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

SHERIDAN, DREW
7765 SW. 87 AVE STE 102
MIAMI, FL 33173

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE NAME	TD SHERIDAN, DREW	<input type="checkbox"/> Delete
STREET ADDRESS	7765 SW. 87 AVE STE 102	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE NAME	VPD SANTIAGO, RAMON A JR	<input type="checkbox"/> Delete
STREET ADDRESS	7765 SW 87 AVE STE 207	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE NAME	SD MATAT, SAMY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7755 SW 87 AVE, STE 130	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE NAME	D WESTON, KENNETH A	<input type="checkbox"/> Delete
STREET ADDRESS	7775 SW. 87 AVE STE 100	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE NAME	PD BETANCOURT, RAMIRO A	<input type="checkbox"/> Delete
STREET ADDRESS	7765 SW 87 AVE STE 200	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD VALDES, DR. RAFAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7755 SW 87 AVE, STE 100	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 *Drew Sheridan* TD 3/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #