

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002417

FILED
Mar 26, 2009
Secretary of State

Entity Name: GALLOWAY PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9095 SW 87 AVENUE
SUITE 777
MIAMI, FL 33176 US

New Principal Place of Business:

7765 SW 67 AVENUE
SUITE 777
MIAMI, FL 33173 US

Current Mailing Address:

9095 SW 87 AVENUE
SUITE 777
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 65-0586152 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SHERIDAN, DREW
Address: 7765 SW. 87 AVE STE 102
City-St-Zip: MIAMI, FL 33173

Title: VPD () Delete
Name: SANTIAGO, RAMON A JR
Address: 7765 SW 87 AVE STE 207
City-St-Zip: MIAMI, FL 33173

Title: SD () Delete
Name: RAFAEL, VALDES DR.
Address: 7755 SW 87 AVE STE 100
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: WESTON, KENNETH A
Address: 7775 SW. 87 AVE STE 100
City-St-Zip: MIAMI, FL 33173

Title: PD () Delete
Name: BETANCOURT, RAMIRO A
Address: 7765 SW 87 AVE STE 200
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MATAT, SAMY
Address: 7775 SW. 87 AVE STE 130
City-St-Zip: MIAMI, FL 33173

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON SANTIAGO

VPD

03/26/2009

Electronic Signature of Signing Officer or Director

Date