

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004780

FILED
Apr 21, 2009
Secretary of State

Entity Name: BIG FIVE HOMES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

%GALIANA MANAGEMENT
801 S.W. 3 AVE. #305
MIAMI, FL 33130 US

New Principal Place of Business:

%GALIANA MANAGEMENT
250 SW 21 ROAD
MIAMI, FL 33129 US

Current Mailing Address:

801 S.W. 3 AVE.
#305
MIAMI, FL 33130 US

New Mailing Address:

GALIANA MANAGEMENT SERVICES, INC
P.O. BOX. 453436
MIAMI, FL 332453436 US

FEI Number: 65-0461838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALIANA MANAGEMENT SERVICES, INC.
803 SW 3RD AVE
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

GALIANA MANAGEMENT SERVICES, INC.
250 S.W. 21 ROAD
MIAMI, FL 33245 US

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: MIRIAM H. GALIANA

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, JOAQUIN
Address: 9256 GRAND CANAL DRIVE
City-St-Zip: MIAMI, FL 33174

Title: ST () Delete
Name: FERNANDEZ, ERNEST
Address: 9272 GRAND CANAL DR
City-St-Zip: MIAMI, FL 33174

Title: VP () Delete
Name: HIDALGO, BEATRIZ
Address: 9288 SW GRAND CANAL DR
City-St-Zip: MIAMI, FL 33174

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:

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: ERNEST FERNANDEZ

T/S

04/21/2009

Electronic Signature of Signing Officer or Director

Date