



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

37.

03-22-2007 90014 036 ****61.25

DOCUMENT # N97000005743			
1. Entity Name THE GARDENS CONDOMINIUM (MIA) ASSOCIATION, INC.		Mailing Address 305 ALCAZAR AVENUE CORAL GABLES, FL 33134 US	
Principal Place of Business 8045 NW 7TH STREET MIAMI, FL 33126 US		Mailing Address 305 ALCAZAR AVENUE CORAL GABLES, FL 33134 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0827222		Applied For <input type="checkbox"/> 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	
VILAR PROPERTY MANAGEMENT, INC. 305 ALCAZAR AVENUE 7446 SW 48th CORAL GABLES, FL 33134 MIAMI, FLA 33155		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 title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$81.25 Due by May 1, 2007		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 VPD	NAME TORRES, ANA LUCIA	TITLE Vice Pres, DIRECTOR	NAME TORRES, ANA LUCIA
STREET ADDRESS 8050 NW 8TH ST. #210	CITY-ST-ZIP MIAMI, FL 33126	STREET ADDRESS 8050 NW 8th St #210	CITY-ST-ZIP MIAMI, FLA 33126
TITLE VP	NAME MTANES, JORGE	TITLE	NAME
STREET ADDRESS 8045 NW 7 ST. #208	CITY-ST-ZIP MIAMI, FL 33126	STREET ADDRESS	CITY-ST-ZIP
TITLE VPD PD	NAME MENDOZA, ESTEBAN	TITLE President, DIRECTOR	NAME MENDOZA, ESTEBAN
STREET ADDRESS 8050 NW 7 ST. #304	CITY-ST-ZIP MIAMI, FL 33126	STREET ADDRESS 8050 NW 7st #304	CITY-ST-ZIP MIAMI, FLA 33126
TITLE VP	NAME SOL ANTONIO	TITLE DIRECTOR	NAME MIRIAM FORMOSO
STREET ADDRESS 8045 NW 7 ST. #11111	CITY-ST-ZIP MIAMI, FL 33126	STREET ADDRESS 8050 NW 8TH ST. #209	CITY-ST-ZIP MIAMI, FL. 33126
TITLE	NAME	TITLE SECRETARY, DIRECTOR	NAME MORALES, MIGUELIA
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS 8050 NW 7th St, #108	CITY-ST-ZIP MIAMI, FLA 33126
TITLE	NAME	TITLE KRISHANRAA, KHANSHAM	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS 8050 NW 7th St #401	CITY-ST-ZIP MIAMI, FLA 33126
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 my address, with all other like empowered.			
SIGNATURE: 		Date: 2/13/07 305-662-2781	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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01262007 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0827222** Applied For Not Applicable

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

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