

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005743

FILED
Apr 06, 2009
Secretary of State

Entity Name: THE GARDENS CONDOMINIUM (MIA) ASSOCIATION, INC.

Current Principal Place of Business:

7446 SW 48 ST,
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

7446 SW 48 ST.
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 65-0827222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILAR PROPERTY MANAGEMENT, INC
7446 S.W. 48ST
MIAMI, FL 33155 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: PD () Delete
Name: TORRES, ANA LUCIA
Address: 8050 NW 8TH ST. #210
City-St-Zip: MIAMI, FL 33126

Title: TD () Delete
Name: PEREZ, ANGEL
Address: 8045 NW 7TH ST.
City-St-Zip: MIAMI, FL 33126

Title: S () Delete
Name: MIRIAM, FORMOSE
Address: 8050 NW 7 ST. #304
City-St-Zip: MIAMI, FL 33126

Title: VPR () Delete
Name: BRITO, DANIEL
Address: 8045 NW 7TH #206
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: KRISHANREA, KHANSHIA
Address: 8050 N.W. ST #401
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: ANA LUCIA TORRES

PD

04/06/2009

Electronic Signature of Signing Officer or Director

Date