

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00999

**Entity Name:** GARDENS ON THE BAY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6484 INDIAN CREEK DR.  
OFFICE  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

6484 INDIAN CREEK DR.  
OFFICE  
MIAMI BEACH, FL 33141

**FEI Number: 59-2388042**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HABER, ROBERT MESQ  
1000 BRICKELL AVENUE  
SUITE 400  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name ALVAREZ, MARTA  
Address 6484 INDIAN CREEK DR., APT 108  
City-State-Zip: MIAMI BEACH FL 33141

Title VPD  
Name VILORIO, PEDRO  
Address 6484 INDIAN CREEK DR., APT. 226  
City-State-Zip: MIAMI BEACH FL 33141

Title SD  
Name SUREZ, EVELYN  
Address 6484 INDIAN CREEK DR., APT. 308  
City-State-Zip: MIAMI BEACH FL 33141

Title ASD  
Name MIGUELTORENA, EDUARDO  
Address 6484 INDIAN CREEK DR. APT 320  
City-State-Zip: MIAMI BEACH FL 33141

Title TD  
Name PEREZ, ENRIQUE  
Address 6484 INDIAN CREEK DR., APT. 235  
City-State-Zip: MIAMI BEACH FL 33141

*I hereby 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 all other like empowered.*

**SIGNATURE: MARTA ALVAREZ**

**PD**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date