

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004857

Entity Name: GALLOWAY GARDENS CONDOMINIUM ASSOCIATION, INC,**Current Principal Place of Business:**8740-94 SW 12 STREET
MIAMI, FL 33174**Current Mailing Address:**P.O. BOX 441553
MIAMI, FL 33144**FEI Number:** 20-2465325**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACUÑA, ALBERT E.
782 N.W. 42ND AVENUE, SUITE 343
MIAMI, FL 33126-5541 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:** ALBERT E. ACUÑA

03/09/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	ROQUE, BEATRIZ
Address	8740-94 SW 12 STREET
City-State-Zip:	MIAMI FL 33174

Title	VP
Name	LEON, ARAENIS
Address	8740-94 SW 12 STREET
City-State-Zip:	MIAMI FL 33174

Title	T
Name	ROSALES, MARITZA
Address	8740-94 SW 12 STREET
City-State-Zip:	MIAMI FL 33174

Title	SECRETARY
Name	MORA, VIVIAN
Address	8740-94 SW 12 STREET
City-State-Zip:	MIAMI FL 33174

Title	DIRECTOR
Name	RODRIGUEZ, ELIA V.
Address	8740-94 SW 12 STREET
City-State-Zip:	MIAMI FL 33174

Title	DIRECTOR
Name	BETANCOURT, JORGE
Address	8740-94 SW 12 STREET
City-State-Zip:	MIAMI FL 33174

Title	DIRECTOR
Name	CRUZ, LILIANA C.
Address	8740-94 SW 12 STREET
City-State-Zip:	MIAMI FL 33174

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: BEATRIZ ROQUE

PRESIDENT

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date