

2025 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:**EXCLUSIVE PROPERTY MANAGEMENT GROUP
175 FONTAINEBLEAU BLVD SUTIE 2G1
MIAMI, FL 33172 US**FEI Number:** 20-2465325**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REINALDO CASTELLANOS PA
9960 SW 40 STREET
MIAMI, FL 33165 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:** REINALDO CASTELLANOS

01/29/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	TAPIA , RICHARD
Address	175 FONTAINEBLEAU BOULEVARD SUITE 2G1
City-State-Zip:	MIAMI FL 33172

Title	PRESIDENT
Name	SUKHWANI, DHIRAJ K
Address	175 FONTAINEBLEAU BOULEVARD SUITE 2G1
City-State-Zip:	MIAMI FL 33172

Title	VP
Name	BURT, GAM
Address	175 FONTAINEBLEAU BOULEVARD SUITE 2G1
City-State-Zip:	MIAMI FL 33172

Title	DIRECTOR
Name	MORA, VIVIAN
Address	175 FONTAINEBLEAU BLVD SUITE 2G1
City-State-Zip:	MIAMI FL 33172

Title	TREASURER
Name	ALAM, KHURAM
Address	175 FONTAINEBLEAU BLVD SUITE 2G1
City-State-Zip:	MIAMI FL 33172

Title	SECRETARY
Name	SUKHWANI, ADLIN
Address	175 FONTAINEBLEAU BLVD SUITE 2G1
City-State-Zip:	MIAMI FL 33172

Title	DIRECTOR
Name	BREROORT-GAM, SUE E
Address	175 FONTAINEBLEAU BLVD SUITE 2G1
City-State-Zip:	MIAMI FL 33172

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: DHIRAJ K SUKHWANI

PRESIDENT

01/29/2025

Electronic Signature of Signing Officer/Director Detail

Date