| FEINUIII                           | Del. 20-3500000                        |  | Certificate of Status                    |  |
|------------------------------------|--|--|--|--|
| Name an                            | d Address of Current Reg               | istered Agent:                                   |  |  |
| CRUZ, JOR<br>6965 GRAN<br>CORAL GA | -                                      |  |  |  |
| The above na                       | amed entity submits this statement for | the purpose of changing its registered office of | or registered agent, or both, in the Sta |  |
| SIGNATU                            | JRE:                                   |  |  |  |
|                                    | Electronic Signature of Re             | gistered Agent                                   |  |  |
| Officer/D                          | virector Detail :                      |  |  |  |
| Title                              | Р                                      | Title  | VP, TREASURER                            |  |
| Name                               | CRUZ, JORGE L                          | Name   | CRUZ, MARGARITA M                        |  |
|                                    |  |  |  |  |

Entity Name: GALLOWAY LAKEFRONT CONDOMINIUM ASSOCIATION, INC.

**Current Mailing Address:** 

6965 GRANADA BLVD CORAL GABLES, FL 33146

DOCUMENT# N0700000637

**Current Principal Place of Business:** 

6965 GRANADA BLVD CORAL GABLES. FL 33146

## FEI Number: 26-3500666

6965 GRANADA BLVD

City-State-Zip: CORAL GABLES FL 33146

in the State of Florida.

Address

City-State-Zip:

Address

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: JORGE L. CRUZ

PRESIDENT

03/20/2017

Date

Electronic Signature of Signing Officer/Director Detail

## FILED Mar 20, 2017 Secretary of State CC5314386255

Certificate of Status Desired: No

6965 GRANADA BLVD.

CORAL GABLES FL 33146

Date