

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

DOCUMENT# N94000002417

**FILED**  
**Mar 31, 2014**  
**Secretary of State**  
**CC2077534326**

**Entity Name:** GALLOWAY PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7765 SW 67 AVENUE  
SUITE 777  
MIAMI, FL 33173

**Current Mailing Address:**

9095 SW 87 AVENUE  
SUITE 777  
MIAMI, FL 33176 US

**FEI Number: 65-0586152**

**Certificate of Status Desired: No**

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

SHERIDAN, DREW  
7765 SW. 87 AVE STE 102  
MIAMI, FL 33173 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 TD  
Name SHERIDAN, DREW  
Address 7765 SW. 87 AVE STE 102  
City-State-Zip: MIAMI FL 33173

Title VPD  
Name TANENBAUM, MYRON  
Address 7765 SW 87 AVE STE 210  
City-State-Zip: MIAMI FL 33173

Title SD  
Name VALDES, RAFAEL DR.  
Address 7755 SW 87 AVE STE 100  
City-State-Zip: MIAMI FL 33173

Title D  
Name MATAT, SAMY  
Address 7775 SW. 87 AVE STE 130  
City-State-Zip: MIAMI FL 33173

Title PD  
Name BETANCOURT, RAMIRO A  
Address 7765 SW 87 AVE STE 200  
City-State-Zip: MIAMI FL 33173

*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: DREW SHERIDAN**

**REGISTERED AGENT**

**03/31/2014**

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

\_\_\_\_\_  
Date