

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90004 004 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 715971
 1. Entity Name
GALEN BREAKERS - A CONDOMINIUM, INC.

Principal Place of Business Mailing Address
550 OCEAN DRIVE **550 OCEAN DRIVE**
KEY BISCAIYNE FL 33149 **KEY BISCAIYNE FLA 33149-2300**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1260543 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

BECKER & POLIAKOFF Name
WATERFORD CENTER PARK Street Address (P.O. Box Number is Not Acceptable)
6161 BLUE LAGOON DR. SUITE 250 City **FL** Zip Code
MIAMI FL 33126

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: OLDAKOWSKI, ROBERT STREET ADDRESS: 550 OCEAN DR., 7A CITY-ST-ZIP: KEY BISCAIYNE FL 33149	<input checked="" type="checkbox"/> Delete	DP NAME: ERICH VOGEL STREET ADDRESS: 550 OCEAN DRIVE CITY-ST-ZIP: KEY BISCAIYNE, FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DV NAME: BENACH, TERESA STREET ADDRESS: 550 OCEAN DRIVE CITY-ST-ZIP: KEY BISCAIYNE FL 33149	<input type="checkbox"/> Delete	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DS NAME: NOONAN, CATHERINE STREET ADDRESS: 550 OCEAN DRIVE CITY-ST-ZIP: KEY BISCAIYNE FL 33149	<input checked="" type="checkbox"/> Delete	DV NAME: LARRY GARFIELD STREET ADDRESS: 550 OCEAN DRIVE CITY-ST-ZIP: KEY BISCAIYNE, FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: SANTOS-BUCH, CHARLES STREET ADDRESS: 550 OCEAN DRIVE #7D CITY-ST-ZIP: KEY BISCAIYNE FL 33149	<input type="checkbox"/> Delete	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: CARRILO, JULIO STREET ADDRESS: 550 OCEAN DRIVE #9H CITY-ST-ZIP: KEY BISCAIYNE FL 33149	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP NAME: LOPEZ, JOSE STREET ADDRESS: 550 OCEAN DRIVE CITY-ST-ZIP: KEY BISCAIYNE FL 33149	<input type="checkbox"/> Delete	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ERIC VOGEL** **SIGNATURE REQUIRED** Date: **5/2/00** Daytime Phone #: **361-1694**

CR2E037 (9/99)