

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 770158 (4)**

1. Corporation Name  
**GALLERIA HOMES ASSOCIATION, INC.**



Principal Place of Business  
**11600 GALLERIA DRIVE  
TAMPA FL 33624**

Mailing Address  
**11600 GALLERIA DRIVE  
TAMPA FL 33624**

3. Date Incorporated or Qualified **09/08/1983**      3a. Date of Last Report **03/29/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2537779</b>		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>NIELSEN, KARLA 11307 GALLERIA DR. TAMPA FL 33624</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Richard Nielsen</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LENZ, BARRY</b>	1.2 NAME	<b>11307 Galleria Drive</b>
STREET ADDRESS	<b>11511 GALLERIA DR.</b>	1.3 STREET ADDRESS	<b>TAMPA FL 33624</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	<b>TAMPA FL 33624</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Ginny Blazon</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIELSEN, KARLA</b>	2.2 NAME	<b>3809 Esplanade Court</b>
STREET ADDRESS	<b>11307 GALLERIA DR.</b>	2.3 STREET ADDRESS	<b>TAMPA FL 33624</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	<b>TAMPA FL 33624</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>HINSON, WENDY</b>	3.2 NAME	
STREET ADDRESS	<b>11519 GALLERIA DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>DEARY, MARY</b>	4.2 NAME	
STREET ADDRESS	<b>11413 GALLERIA DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAVALLO, MARY</b>	5.2 NAME	
STREET ADDRESS	<b>11506 GALLERIA DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wendy Hinson*      Date: 8/12/95      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)