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Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770158 (4)

1. Corporation Name

GALLERIA HOMES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

11600 GALLERIA DRIVE
TAMPA FL 33624

11600 GALLERIA DRIVE
TAMPA FL 33624-4753

3. Date Incorporated or Qualified
09/08/1983

3a. Date of Last Report
05/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2537779

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NIelsen, KARLA
11307 GALLERIA DR.
TAMPA FL 33624

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Karla Nielsen
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/18/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME NIelsen, RICHARD
STREET ADDRESS 11307 GALLERIA DRIVE
CITY-ST-ZIP TAMPA FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME BLAZON, GINNY
STREET ADDRESS 3809 ESPLANDE COURT
CITY-ST-ZIP TAMPA FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME HINSON, WENDY
STREET ADDRESS 11519 GALLERIA DR
CITY-ST-ZIP TAMPA FL ☒ DELETE

3.1 TITLE TD
3.2 NAME RENITA GRAY
3.3 STREET ADDRESS 11512 GALLERIA DRIVE
3.4 CITY-ST-ZIP TAMPA, FL 33624 ☒ Change ☐ Addition

TITLE VD
NAME DEARY, MARY
STREET ADDRESS 11413 GALLERIA DR
CITY-ST-ZIP TAMPA FL ☒ DELETE

4.1 TITLE VD
4.2 NAME HUNTER SWEARINGEN
4.3 STREET ADDRESS 3805 ESPLANADE CT
4.4 CITY-ST-ZIP TAMPA FL 33624 ☒ Change ☐ Addition

TITLE SD
NAME CAVALLLO, MARY
STREET ADDRESS 11506 GALLERIA DR
CITY-ST-ZIP TAMPA FL ☐ DELETE

5.1 TITLE SP
5.2 NAME KARLA NIELSEN
5.3 STREET ADDRESS 11307 GALLERIA DRIVE
5.4 CITY-ST-ZIP TAMPA, FL 33624 ☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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

Karla Nielsen
Signature, typed or printed name of registered agent and title if applicable.

CR2E037 (9/96)