NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 770158 1. Corporation Name

GALLERIA HOMES ASSOCIATION, INC.

FILED Jun 21, 1999 8:00 am § Secretary of State

06-21-1999 90005 017 ****61.25

7 8 2 3 578237 - 90005 - 17

Principal Place of Business Mailing Address		
11600 GALLERIA DRIVE 11600 GALLERIA DRIVE TAMPA FL 33624 TAMPA FL 33624		
Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified	•	
21 26	- %-	 - ; .
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number		plied For
22 59-2537779		t Applicable
City & State City & State 5. Certificate of Status Desired	\$8.75 A Fee Re	
23 Zip Country Zip Country 6. Election Campaign Financing	\$5.00	<u>'</u>
24 25 29 30 Trust Fund Contribution	Added t	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered		
81 Name		
NIELSEN, KARLA 82 Street Address (P.O. Box Number is Not Acceptable)		
11307 GALLERIA DR		
TAMPA FL 33624		1
84 City	85 Zip C	Code
	changing its	registered
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 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 appoint agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	ntment as req	gistered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13.		
TITLE PD DELETE 1.1 TITLE	☐ Change	Addition (
NAME NIELSEN, RICHARD 1.2 NAME		
STREET ADDRESS 1307 GALLERIA DRIVE 1.3 STREET ADDRESS		
CITY-ST-ZIP	Change	Addition
"- ND	Onlinge	
NAME BLAZON, GINNY 22 NAME		ł
STREET ADDRESS 3809 ESPLANDE COURT 23 STREET ADDRESS		
CITY-ST-ZIP TAMPA FL 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE	☐ Change	Addition
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J. J	Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE SD NAME NIELSEN, KARLA STREET ADDRESS 11307 GALLERIA DR. 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS	☐ Change	Addition .
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14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP