


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 770158 1. Entity Name GALLERIA HOMES ASSOCIATION, INC.	
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Principal Place of Business 11600 GALLERIA DRIVE TAMPA, FL 33624	Mailing Address 11600 GALLERIA DRIVE TAMPA, FL 33624
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02132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2537779	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NIELSEN, KARLA 11307 GALLERIA DR. TAMPA, FL 33624
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**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NIELSEN, RICHARD 11307 GALLERIA DRIVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD NIELSEN, KARLA 11307 GALLERIA DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FISCHER, MARTIN 11610 GALLERIA DRIVE TAMPA, FL 33624
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/11/05-900014-004 E).25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*      2/19/05      813-294-5786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #