2006 NOT-FOR-PROFIT CORPORATION

FILED Mar 09, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #770158** 03-09-2006 90149 039 ****61.25 GALLERIA HOMES ASSOCIATION, INC. Principal Place of Business Mailing Address 11600 GALLERIA DRIVE 11600 GALLERIA DRIVE TAMPA, FL 33624 TAMPA, FL 33624 01262006 No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2537779 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NIELSEN, KARLA DO NOT WRITE 11307 GALLERIA DR. **TAMPA, FL 33624** 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME NIELSEN, RICHARD STREET ADDRESS 11307 GALLERIA DRIVE CITY-ST-ZIP TAMPA, FL TITLE ASD NAME NIELSEN, KARLA STREET ADDRESS 11307 GALLERIA DR. CITY-ST-ZIP TAMPA, FL TITLE NAME FISCHER, MARTIN STREET ADDRESS 11610 GALLERIA DRIVE DO NOT WRITE CITY-ST-ZIP **TAMPA, FL 33624** IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KICHADO NIEZSEM, PRES