


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90221 043 ****61.25

DOCUMENT # N04000009968

1. Entity Name
GALLERIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1016 HOWE STREET
 KEY WEST, FL 33040**

Mailing Address
**1016 HOWE STREET
 KEY WEST, FL 33040**

2. Principal Place of Business
 Suite, Apt. #, etc.


3. Mailing Address
**5800 OVERSEAS HWY
 #6**

City & State
MARATHON FL

City & State
MARATHON FL

Zip
33050

Country
MONRDE



04272006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0477088

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BIRRELL, ANDREW
 1016 HOWE STREET
 KEY WEST, FL 33040**

7. Name and Address of New Registered Agent

Name
MARLENE C. MORATO

Street Address (P.O. Box Number is Not Acceptable)
5800 OVERSEAS HWY #6

City
MARATHON

State
FL

Zip Code
33050

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 *Marlene C. Morato* **Marlene C. Morato** **4/28/06**

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

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRRELL, ANDREW 1016 HOWE STREET KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, DOUG 1016 HOWE STREET KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFER, GREG 1016 HOWE STREET KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRENDA EPLEN 1016 HOWE ST. K.W. FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MICHAEL SIDES 1016 HOWE ST K.W. FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JAY FRINS 1016 HOWE ST. K.W. FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOANN SIDES 1016 HOWE ST. K.W. FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARLENE C. MORATO TREASURER 1016 HOWE ST K.W. FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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: *Marlene C. Morato* **MARLENE C. MORATO** **4/28/06** **305-743-4579**

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