

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007584

FILED
Jan 28, 2009
Secretary of State

Entity Name: OLDSMAR GALLERIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

300 STATE STREET EAST
SUITE 222
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

300 STATE STREET EAST
SUITE 222
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 87-0788754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZER, STEVEN
1801 N HIGHLAND AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WEILAND, DOUGLAS J
Address: 300 STATE STREET EAST, SUITE 222
City-St-Zip: OLDSMAR, FL 34677

Title: STD () Delete
Name: ROGERS, STEVE
Address: 16105 N FLORIDA AVE #A
City-St-Zip: LUTZ, FL 33549

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: DIBA, MICHELLE
Address: 300 STATE ST N SUITE 200
City-St-Zip: OLDSMAR, FL 34677

Title: DT () Change (X) Addition
Name: SUNDERMAN, TOM
Address: 300 STATE ST N SUITE 200
City-St-Zip: OLDSMAR, FL 34677

Title: DS () Change (X) Addition
Name: SWENSON, JULIE
Address: 300 STATE ST N SUITE 200
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AVELINO VIDE

Electronic Signature of Signing Officer or Director

MGR

01/28/2009

Date