

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715971

**Entity Name:** GALEN BREAKERS - A CONDOMINIUM, INC.

**Current Principal Place of Business:**

550 OCEAN DRIVE  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

550 OCEAN DRIVE  
7D  
KEY BISCAYNE, FL 33149

**FEI Number:** 59-1260543

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANTOS-BUCH, CHARLES DR.  
550 OCEAN DRIVE  
#7D  
KEY BISCAYNE, FL 33149 US

*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

**Officer/Director Detail :**

Title PD  
Name SANTOS-BUCH, CHARLES DR.  
Address 550 OCEAN DRIVE SUITE 7D  
City-State-Zip: KEY BISCAYNE FL 33149

Title VPD  
Name HERNANDEZ, HELEN MS.  
Address 550 OCEAN DRIVE, STE. 4B  
City-State-Zip: KEY BISCAYNE FL 33149

Title SD  
Name ROMERO, MARIA EMS.  
Address 550 OCEAN DRIVE #7B  
City-State-Zip: KEY BISCAYNE FL 33149

Title ASST. TREASURER  
Name SOTO, PATRICIA MS.  
Address 550 OCEAN DRIVE, STE. 5C  
City-State-Zip: KEY BISCAYNE FL 33149

*I hereby 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 all other like empowered.*

**SIGNATURE:** DR. CHARLES SANTOS-BUCH

**PRESIDENT**

**01/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date