

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712088

FILED
Apr 27, 2009
Secretary of State

Entity Name: GALEN DRIVE CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Current Principal Place of Business:

240 GALEN DRIVE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

240 GALEN DRIVE
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-1207163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEITH, EDWARD O PRES
240 GALEN DRIVE
APT. 316
KEY BISCAYNE, FL 33149 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: PD () Delete
Name: KEITH, EDWARD O
Address: 240 GALEN DRIVE, #316
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPD () Delete
Name: ELENA, IGLESIAS
Address: 240 GALEN DRIVE, #304
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD () Delete
Name: GEORGE, LAURA
Address: 240 GALEN DRIVE #310
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SCY () Delete
Name: GROSSMAN, KIRA
Address: 240 GALEN DRIVE # 309
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: ZALDIVAR, MIRTHA
Address: 240 GALEN DRIVE, #207
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SCY (X) Change () Addition
Name: GODLEY, ANTONIA
Address: 240 GALEN DRIVE # 209
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Change () Addition
Name: MCGARITY, MARY
Address: 240 GALEN DRIVE, #308
City-St-Zip: KEY BISCAYNE, FL 33149

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: EDWARD O. KEITH

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date