

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90005 045 ****61.25

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1. Entity Name
GALEN DRIVE WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
200 GALEN DR
315
KEY BISCAYNE, FL 33149 US

Mailing Address
C/O CPM CORP
170 OCEAN LN. DR.
KEY BISCAYNE, FL 33149 US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

02222007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1283369

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CERTIFIED PROPERTY MGT., CORP.
170 OCEAN LANE DR
KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FITZPATRICK, MARGARET	
STREET ADDRESS	200 GALEN DR #209	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ANDINO, COOKIE	
STREET ADDRESS	550 OCEAN DR	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, IVETTE	
STREET ADDRESS	200 GALEN DR	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZPATRICK, MARTIN	
STREET ADDRESS	200 GALEN DR #209	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEAGHER, MARGARET	
STREET ADDRESS	200 GALEN DR	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature] Margaret Meagher 2-22-07 305-261-9662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #