2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-31-2008 90041 006 ****61.25
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FILED
08 APR 18 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715971

1. Entity Name

GALEN BREAKERS - A CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
550 OCEAN DRIVE #8A KEY BISCAYNE FL 33149	550 OCEAN DRIVE #8A KEY BISCAYNE FL 33149

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-1260543 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTS MANAGEMENT 4101 SW 47 AVE 105 FORT LAUDERDALE FL 33314	Name: Edmund Blondell Galen Breakers Condominium Street Address (P.O. Box Number is Not Acceptable): 550 Ocean Drive, St. 8A City: Key Biscayne, FL FL Zip Code 33149

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 _____ Edmund Blondell President 3-17-08
Signature, type or print name of individual and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLONDELL, EDMUND 550 OCEAN DRIVE SUITE 8A KEY BISCAYNE FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SALCEDO, MARGARITA 550 OCEAN DRIVE SUITE 3F KEY BISCAYNE FL 33149	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Charles Santos-Buch 550 Ocean Drive Suite 7D Key Biscayne, FL 33149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RODRIGUEZ, MARISA 550 OCEAN DRIVE SUITE 3G KEY BISCAYNE FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Oscar Garcia-Guerra 550 Ocean Drive Suite 6A Key Biscayne, FL 33149	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROMERO, MARIA E 550 OCEAN DRIVE #3E KEY BISCAYNE FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Esther Suarez-Mendizabal 550 Ocean Drive Suite 5F Key Biscayne, FL 33149	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, HELEN 550 OCEAN DRIVE SUITE 3B KEY BISCAYNE FL 33149	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #