

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725483**

1. Corporation Name
Galen 250 Condominium Assoc. Inc.

Principal Place of Business Mailing Address

*250 Galen DR.
Key Biscayne, Fl. 33144*

3. Date Incorporated or Qualified <i>Jan 1967</i>	3a. Date of Last Report <i>6/1/95</i>
4. FEI Number <i>59-1467658</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
*Mark A. Poffenberger
954 Crandon Blvd.
Key Biscayne, Fl. 33149*

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE *4/29/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>PD</i>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Tony Tarafa</i>	1.2 NAME	
STREET ADDRESS	<i>250 Galen DR. #33</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Key Biscayne, Fl. 33149</i>	1.4 CITY-ST-ZIP	
TITLE	<i>VPD</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Bob Einhorn</i>	2.2 NAME	
STREET ADDRESS	<i>250 Galen DR. #23</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Key Biscayne, Fl. 33149</i>	2.4 CITY-ST-ZIP	
TITLE	<i>TD</i>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Ramon Chancio #</i>	3.2 NAME	
STREET ADDRESS	<i>250 Galen DR.</i>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Key Biscayne, Fl. 33149</i>	3.4 CITY-ST-ZIP	
TITLE	<i>TD</i>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Chris Legault</i>	4.2 NAME	
STREET ADDRESS	<i>250 Galen DR. #</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Key Biscayne, Fl. 33149</i>	4.4 CITY-ST-ZIP	
TITLE	<i>TD</i>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Tony Herjave</i>	5.2 NAME	
STREET ADDRESS	<i>250 Galen DR. #53</i>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Key Biscayne, Fl. 33149</i>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: *4/29/96*

CR2E037 (12/95)