FILE NOW: FILING FEE IS \$61.25

Mailing Address

#46

250 GALEN DRIVE

KEY BISCAYNE FL 33149

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

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1. Corporation Name

Principal Place of Business 250 GALEN DRIVE

KEY BISCAYNE FL 33149

GALEN 250 CONDOMINIUM. INC.

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Principal Place of Business			2a. Mailing Address					Date Incorporated or Qualified 02/05/1973					
Suite, Apt. #, etc.			Suite, Apt. #, etc.					4. FEI Number			ied For		
12		27					_ [_	59-1467658		Not.	Applicable		
_City & State	e		City & State					5Certificate of Status Desired			lditional		
23		28							Fe	e Req	uired		
Zip	Country		Zip	Cou	ıntry		- f •	6. Election Campaign Financing		-	lay Be		
4	25	29		30				Trust Fund Contribution	$\overline{}$	ded to	Fees		
	9. Name and Address of Current	Regis	stered Agent		Ļ,			0. Name and Address of New Registered	Agent				
	•				81	Name	LIE	E-ANN CANCIO			I		
CASTRILL	o, arnold				(82) Street Address (P.O. Box Number is Not Acceptable)								
	GALEN DRIVE, #46				250 GALEN DR #46								
	AYNE FL 33149				83								
					84	City			85	Zip Co	ode		
					1	K.k	ea s	BISCAYNEFL		Zip Co			
office or r	registered agent, or both, in the State of the application of the obligation of the color of the	t Flori ons of	da. Such change was at Section 617.0503, Flor	utnonzeo rida Stat	a by tutes.	tne corpora	ation s	ion submits this statement for the purpose of board of directors. I hereby accept the appoin	miioni c	gitsn as regi	egistered stered		
	Signature, typed or printed name of registered agent			Registered	Agen	t signature requ	uired whe	ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	\$ IN 12		
12.	OFFICERS AND	DIR	DELETE	1.1 1	IT E			7.00	Cha		Addition		
TITLE	PD			1		ļ				•	_		
NAME	CANCIO, RAMON			1.2 N									
STREET ADDRESS						ADDRESS		•					
CITY-ST-ZIP	KEY BISCAYNE FL 33149		₩ DELETE	_	ITY-ST		VD		☐ Cha	nae	Addition		
TITLE	VD		DE DELETE	2.1 7			A .	NE LEGAULT	٠		,		
NAME	TARAFA, TONY			22N		1.	250	GALEN DR #32					
STREET ADORESS				- 1		1	KEY	BISCAYNE, FL 33149					
CITY-ST-ZIP_	KEY BISCAYNE FL 33149				:ITY-S	T-ZIP			- [-] Che		- Addition		
TITLE-	στστ-			— 3.1 Ti					[_] O.1.0	igo			
NAME	ANDRIAL, BERTA			3.2 N		Į							
STREET ADDRESS				3.3 S	TREET	ADDRESS							
CITY-ST-ZIP	KEY BISCAYNE FL 33149			_	CITY-S				[] Cha		(97.Addition		
TITLE	SD		DELETE	4.1 T			SD	VIA PARODI	∟∪ona	uige	[=4-vaoiaon		
NAME	CARBALLO, BILL			.,	MAME	د آ	3 て ハ 3 て ハ	GALEN DR #21					
STREET ADDRESS	(4.3 S	TREET	ADDRESS							
CITY-ST-ZIP	KEY BISCAYNE FL 33149			_	ITY-S			BISCAYNE, FL 33149			(E) A J.(())		
TITLE	D		₩ DELETE	5.1 T			<u> </u>	~ - A C A TOT	Cha	inge	Addition		
NAME	DEBS, TONY			5.2 N		17	101	Y TARAFA D OCEAN DRIVE, H 10-	0				
STREET ADDRESS	9230 S W 34TH STREET						650	DECEMBER TO TO HE					
CITY-ST-ZIP	MIAMI FL 33165			_	TY-S	T-ZIP	KEY	BISCAYNE, FL 33149			—		
TITLE			☐ DELETE	6.1 T	TLE				☐ Cha	nge	Addition		
NAME				6.2 N	iame	ļ							
STREET ADDRESS				6.3 S	TREE	TADORESS		•					
CEDY OF TID	1			6.4 C	TY-S	T-ZIP							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eceiver of 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, with all other like empowered.

SIGNATURE:

THE REQUIRED

4/28/99

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