

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90059 048 ****61.25

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DOCUMENT # 725483

1. Entity Name

GALEN 250 CONDOMINIUM. INC.

Principal Place of Business

250 GALEN DRIVE
 KEY BISCAYNE FL 33149
 US

Mailing Address

250 GALEN DRIVE
 #46
 KEY BISCAYNE FL 33149
 US

0004013J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1467658

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CANCIO, JULIE-ANN
C/O 250 GALEN DRIVE, #46
KEY BISCAYNE FL 33149

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TD	CANCIO, RAMON	250 GALEN DRIVE #46	KEY BISCAYNE FL 33149	PD			
PD	LEGAULT, DIANNE	250 GALEN DRIVE 32	KEY BISCAYNE FL 33149	SD	MARTHA RODRIGUEZ-FALCA	250 GALEN DR. #34	KEY BISCAYNE, FL 33149
VD	ANDRIAL, BERTA	250 GALEN DRIVE, #26	KEY BISCAYNE FL 33149	PD			
D	PARODI, SYLVIA	31 6TH STREET	BONITA SPRINGS FL 34134			250 GALEN DR #21	KEY BISCAYNE, FL 33149
SD	CORDOVA, MARIA	250 GALEN DRIVE 43	KEY BISCAYNE FL 33149	VD	ENRIQUE ENRIQUEZ	250 GALEN DR #22	KEY BISCAYNE, FL 33149

12. 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 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: Ramon J. Cancio **RAMÓN J. CANCIO** 4/24/01 (305) 266-4434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (10/00)