


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90397 014 ****61.25

DOCUMENT # 725483			
1. Entity Name GALEN 250 CONDOMINIUM. INC.			
Principal Place of Business 250 GALEN DRIVE KEY BISCAVNE FL 33149 US		Mailing Address 250 GALEN DRIVE #46 KEY BISCAVNE FL 33149 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

44041507



MOORE CR2E037 (11/03)

4. FEI Number 59-1467658		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 BISCAVNE 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. 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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANCIO, RAMON 250 GALEN DRIVE #46 KEY BISCAVNE FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRIAL, BERTA 250 GALEN DRIVE, #26 KEY BISCAVNE FL 33149 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GUILLERMO CARBALLO 250 GALEN DRIVE #35 KEY BISCAVNE FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARODI, SYLVIA 250 GALEN DR. #21 KEY BISCAVNE FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENRIQUE, ENRIQUEZ 550 OCEAN DR., APT 8C KEY BISCAVNE FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTINA DE, CORDOBA 250 GALEN DR #32 KEY BISCAVNE FL 33149 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ANTHONY DEBS 250 GALEN DRIVE #42 KEY BISCAVNE FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **28 APR 04** (305) 205-1086
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DBPR Form CO 6000-8
Effective:

FIRE SAFETY RETROFITTING REPORT FOR CONDOMINIUMS

Name of condominium? GALEN 250 CONDDMINIUM, INC.

Name of the association? GALEN 250 CONDOMINIUM ASSOCIATION

The condominium FLSC&MH file number?

Condominium# [6][1][7][5][4]

(Insert one number per block - to be found in the division's annual billing statement)

Condominium Associations are required to report to the Division of Florida Land Sales, Condominiums, and Mobile Homes (FLSC&MH) certain information regarding the membership vote to waive retrofitting requirements for fire sprinkler systems. See Chapter 2003-14, Laws of Florida.

(Mark an "X" in any applicable block and complete all requested information.)

1. The above-named condominium has voted to waive fire sprinkler retrofit (please complete all blanks). The vote to waive the fire sprinkler retrofit requirements was conducted:

at a duly-called meeting of the association on _____ (fill in date); or
 by execution of written consents.

The specific results of that voting was...

- 22 The number of unit-owners voting to waive the State of Florida requirements.
- 0 The number of unit-owners voting not to waive the State of Florida requirements.
- 24 The total number of voting interests in the condominium association.

A certificate attesting to this vote is recorded in the County of MIAMI-DADE, Florida.
Book number 22230 Page number 4817

2. The above-named condominium did not waive fire sprinkler retrofit requirements.
Commencement of the retrofitting project took place on _____ (fill in date).
The per unit cost of the retrofitting project is: \$ _____

3. The above-named condominium already has fire sprinklers installed pursuant to the requirements and guidelines of Chapter 633, Florida Statutes.

4. Please provide the last date the Association filed it's Annual Report with the Office of the Florida Secretary of State: MAY 1st 2003 (fill in date).

Signed and attested to by: Ramon Cancio, Corporate Officer
(Signature)

RAMON CANCIO
(Print Name)

PRESIDENT
(Title)

28 APR 04
(Date)

Return by mail to:
Department of Business and Professional Regulation
Division of Florida Land Sales, Condominiums, and Mobile Homes
1940 North Monroe Street, Tallahassee, Florida 32399-1033
Attention: SPRINKLER CERTIFICATION

or
FAX this report to 1.850.921-5446

This information is subject to Florida's Public Records Law and will be provided to the Florida Division of State Fire Marshal of the Department of Financial Services.