

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725483

FILED
Apr 08, 2009
Secretary of State

Entity Name: GALEN 250 CONDOMINIUM. INC.

Current Principal Place of Business:

250 GALEN DRIVE
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

250 GALEN DRIVE
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 59-1467658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESTRE, LILY
250 GALEN DRIVE
APT #45
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

CUE, NILDA I MANAGER
150 SUNRISE DRIVE
APT #5A
KEY BISCAYNE, FL 33149 US

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: NILDA I CUE

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CANCIO, JULIE-ANN
Address: 250 GALEN DRIVE #46
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP () Delete
Name: HERVAS, ANTONIO
Address: 250 GALEN DRIVE #53
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T () Delete
Name: BLANCO, RAUL
Address: 250 GALEN DR. #41
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S () Delete
Name: HERVAS-JONES, DESIREE TAIMA
Address: 250 GALEN DR #53
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: JOHNSTON, LILIAM
Address: 250 GALEN DRIVE #45
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALVAREZ, ELIZABETH
Address: 250 GALEN DRIVE #52
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP (X) Change () Addition
Name: HERVAS, INGRID
Address: 250 GALEN DRIVE #53
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T (X) Change () Addition
Name: WONG, ELVIA
Address: 250 GALEN DR. #56
City-St-Zip: KEY BISCAYNE, FL 33149

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH ALVAREZ

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date