

# 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