

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725483

FILED  
Mar 15, 2012  
Secretary of State

**Entity Name:** GALEN 250 CONDOMINIUM. INC.

**Current Principal Place of Business:**

250 GALEN DRIVE  
KEY BISCAVNE, FL 33149 US

**New Principal Place of Business:**

**Current Mailing Address:**

250 GALEN DRIVE  
KEY BISCAVNE, 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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALVAREZ, ELIZABETH  
Address: 250 GALEN DRIVE #52  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: VP  
Name: HERVAS, INGRID  
Address: 250 GALEN DRIVE #53  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: T  
Name: WONG, ELVIA  
Address: 250 GALEN DR. #56  
City-St-Zip: KEY BISCAVNE, FL 33149

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

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

I hereby 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 all other like empowered.

SIGNATURE: ALVAREZ

PD

03/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date