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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **749284** **(6)**

1. Corporation Name
GALAXY IN THE GROVE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
3145 VIRGINA ST MIAMI FL 33133	3145 VIRGINA ST MIAMI FL 33133-4545

3. Date Incorporated or Qualified: 10/11/1979
3a. Date of Last Report: 03/22/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-2023332 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMAS, H H
3037 SW FOURTH AVE
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	FREEMAN, GREGORY		1.2 NAME	Helen Kresge	
STREET ADDRESS	3145 VIRGINA ST		1.3 STREET ADDRESS	3143 Virginia St.	
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-ST-ZIP	Miami, FL 33133	
TITLE	STD	☒ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	SAVKIV, MARKO		2.2 NAME	Freeman, Gregory	
STREET ADDRESS	2620 E CARSON ST #61		2.3 STREET ADDRESS	3139 Virginia St	
CITY-ST-ZIP	LAKEWOOD CA		2.4 CITY-ST-ZIP	Miami, FL 33133	
TITLE	PD	☐ DELETE	3.1 TITLE	PD	☐ Change ☐ Addition
NAME	MAGGIO, BARBARA		3.2 NAME	Maggio, Barbara	
STREET ADDRESS	3145 VIRGINIA STREET		3.3 STREET ADDRESS	3145 Virginia St.	
CITY-ST-ZIP	MIAMI FL 33133		3.4 CITY-ST-ZIP	Miami, FL 33133	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Maggio Barbara Maggio 3/21/97 305-442-9697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026896