


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

2/1

FILED
Mar 05, 2008 8:00 am
Secretary of State

02-01-2008 90022 041 ****61.25

DOCUMENT # 749284 1. Entity Name GALAXY IN THE GROVE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3145 VIRGINIA ST MIAMI, FL 33133	Mailing Address 3145 VIRGINIA ST MIAMI, FL 33133
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66002342



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2023332	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BAYER, NEIL 3000 SHIPPING AVE MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRESGE, HELEN 3143 VIRGINIA ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGGIO, BARBARA 3145 VIRGINIA STREET MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD CAUNEDO, JENNIFER 3141 VIRGINIA ST MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

Title PD

Officer/Director Signature *Barbara Maggio*