


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90401 009 ****61.25

DOCUMENT # 770158 1. Entity Name GALLERIA HOMES ASSOCIATION, INC.			
Principal Place of Business 11600 GALLERIA DRIVE TAMPA, FL 33624		Mailing Address 11600 GALLERIA DRIVE TAMPA, FL 33624	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NIELSEN, KARLA 11307 GALLERIA DR. TAMPA, FL 33624		7. Name and Address of New Registered Agent Name: <u>STEVE MEZER ATTY</u> Street Address (P.O. Box Number is Not Acceptable): <u>1801 N. HIGHLAND</u> City: <u>TAMPA</u> FL Zip Code: <u>33602</u>	
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: <u>[Signature]</u> <u>STEVEN H. MEZER</u> DATE: <u>4/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: NIELSEN, RICHARD STREET ADDRESS: 11307 GALLERIA DRIVE CITY-ST-ZIP: TAMPA, FL	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: VIRGINIA PARLIER STREET ADDRESS: 16107 N. FLORIDA #A CITY-ST-ZIP: LUTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ASD NAME: NIELSEN, KARLA STREET ADDRESS: 11307 GALLERIA DR. CITY-ST-ZIP: TAMPA, FL	<input checked="" type="checkbox"/> Delete	TITLE: VD NAME: LEIGH BOWNE STREET ADDRESS: 16105 N. FLORIDA #A CITY-ST-ZIP: LUTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: FISCHER, MARTIN STREET ADDRESS: 11610 GALLERIA DRIVE CITY-ST-ZIP: TAMPA, FL 33624	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: KATHI FISCHER STREET ADDRESS: 16105 N. FLORIDA #A CITY-ST-ZIP: LUTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-18-08</u> <u>813-431-5966</u> <small>Date Daytime Phone #</small>	