


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90105 044 ****61.25

DOCUMENT # N00000002661					
1. Entity Name GALLERIA PLAZA CONDOMINIUM ASSOCIATION OF NAPLES, INC.					
Principal Place of Business C/O COLONIAL SQUARE REALTY, INC 1140 GOODLETTE ROAD NAPLES, FL 34102 US			Mailing Address C/O COLONIAL SQUARE REALTY, INC PO BOX 10608 NAPLES, FL 34101 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SAMOUCE, MURRELL & GAL, P.A. 5405 PARK CENTRAL COURT NAPLES, FL 34109				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	SD	<input checked="" type="checkbox"/> Delete	TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEASAR, MARSTON		NAME	Benza, Gerry	
STREET ADDRESS	1447 PALMA BLANCA CT.		STREET ADDRESS	9140 Galleria Court	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Naples FL 34109	
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, PETER		NAME		
STREET ADDRESS	PO BOX 2789		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34133		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'JAMOOS, BETSY		NAME		
STREET ADDRESS	9130 CORSEA DEL FONTANA WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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><i>Gerry Benza</i></u>		Date: <u>4/27/07</u>		Daytime Phone #: <u>261-2627</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



03272007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3649527** Applied For Not Applicable

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

FL Zip Code

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CEASAR, MARSTON	
STREET ADDRESS	1447 PALMA BLANCA CT.	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	MEYERS, PETER	
STREET ADDRESS	PO BOX 2789	
CITY-ST-ZIP	BONITA SPRINGS, FL 34133	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	D'JAMOOS, BETSY	
STREET ADDRESS	9130 CORSEA DEL FONTANA WAY	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benza, Gerry	
STREET ADDRESS	9140 Galleria Court	
CITY-ST-ZIP	Naples FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Gerry Benza* Date: 4/27/07 Daytime Phone #: 261-2627