

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002661

FILED
Mar 24, 2009
Secretary of State

Entity Name: GALLERIA PLAZA CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business:

C/O COLONIAL SQUARE REALTY, INC
9115 GALLERIA COURT
NAPLES, FL 34109 US

New Principal Place of Business:

9115 GALLERIA COURT
NAPLES, FL 34109 US

Current Mailing Address:

C/O COLONIAL SQUARE REALTY, INC
PO BOX 10608
NAPLES, FL 34101 US

New Mailing Address:

C/O COLONIAL SQUARE REALTY, INC
P.O. BOX 10608
NAPLES, FL 34101 US

FEI Number: 59-3649527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLONIAL SQUARE REALTY INC
1048 GOODLETTE RD SUITE 201
NAPLES, FL 34102 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: SD () Delete
Name: D'JAMOOS, BETSY
Address: 9130 CORSEA DEL FONTANA WAY
City-St-Zip: NAPLES, FL 34109

Title: VD () Delete
Name: ATTIA, ASH
Address: 9160 GALLERIA COURT
City-St-Zip: NAPLES, FL 34109

Title: PD () Delete
Name: PIERCE, JOHN
Address: 9170 GALLERIA COURT # 200
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BETSY D'JAMOOS

SD

03/24/2009

Electronic Signature of Signing Officer or Director

Date