


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

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

04-28-2008 90359 023 \*\*\*\*61.25

DOCUMENT # N02000004295			
1. Entity Name DANIELS GALLERIA EAST PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 12801 RENAISSANCE WAY FORT MYERS, FL 33912		Mailing Address 12801 RENAISSANCE WAY FORT MYERS, FL 33912	
2. Principal Place of Business - No P.O. Box # 27180 BAYLANDING DRIVE Suite, Apt. #, etc. SUITE 4		3. Mailing Address 27180 BAYLANDING DRIVE Suite, Apt. #, etc. SUITE 4	
City & State BONITA SPRINGS, FL.		City & State BONITA SPRINGS, FL.	
Zip 34135	Country U.S.A.	Zip 34135	Country U.S.A.
4. FEI Number 55-0794580		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GNAGEY, JOHN 12801 RENAISSANCE WAY FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name: JOHN O'GORMAN Street Address (P.O. Box Number is Not Acceptable): 27180 BAYLANDING DRIVE SUITE 4 City: BONITA SPRINGS FL Zip Code: 34135	
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: <i>J. Gorman</i> DATE: 4/20/08 <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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP PRICE, MATT 9530 MARKET PLACE DR SUITE #301 FORT MYERS, FL 33912 <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	DVP DELEO, EDDIE PO BOX 617 LAFAYETTE HILL, PA 19444 <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
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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: <i>J. Gorman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 3-11-08 Daytime Phone #	