

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N03000003410 1. Entity Name GALLERIA OAKS BUSINESS PARK PROPERTY OWNERS ASSOCIATION, INC.		
Principal Place of Business 7220 FINANCIAL WAY SUITE 400 JACKSONVILLE, FL 32256	Mailing Address 7220 FINANCIAL WAY SUITE 400 JACKSONVILLE, FL 32256	
DO NOT WRITE IN THIS SPACE		
4. FEI Number 54-2108644		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALLEN, LAURA H 7220 FINANCIAL WAY SUITE 400 JACKSONVILLE, FL 32256		
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 _____ <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	
10. OFFICERS AND DIRECTORS		
TITLE	DPT	
NAME	ALLEN, JOHN J	
STREET ADDRESS	7220 FINANCIAL WAY - SUITE 400	
CITY - ST - ZIP	JACKSONVILLE, FL 32256	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
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STREET ADDRESS		
CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
11. 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/12/07 Daytime Phone #: 904 296 8806