

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90221 043 ****61.25

DOCUMENT # N04000009968					
1. Entity Name GALLERIA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1016 HOWE STREET KEY WEST, FL 33040			Mailing Address 1016 HOWE STREET KEY WEST, FL 33040		
2. Principal Place of Business		3. Mailing Address 5800 OVERSEAS HWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #6			
City & State		City & State MARATHON FL		4. FEI Number 65-0477088	
Zip		Country 33050 MONROE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIRRELL, ANDREW 1016 HOWE STREET KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name <u>MARLENE C. MORATO</u> Street Address (P.O. Box Number is Not Acceptable) 5800 OVERSEAS HWY #6 City <u>MARATHON</u> FL Zip Code <u>33050</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>Marlene C. Morato</u> <u>4/28/06</u> <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, 2006		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	D <input checked="" type="checkbox"/> Delete BIRRELL, ANDREW 1016 HOWE STREET KEY WEST, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRENDA EPLER 1016 HOWE ST. K.W. FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DOUGLAS, DOUG 1016 HOWE STREET KEY WEST, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL SIDES 1016 HOWE ST K.W. FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SHAFFER, GREG 1016 HOWE STREET KEY WEST, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAY FRINS 1016 HOWE ST. K.W. FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOANN SIDES 1016 HOWE ST. K.W. FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARLENE C. MORATO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TREASURER 1016 HOWE ST K.W. FL 33040	
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>Marlene C. Morato</u> <u>4/28/06</u> <u>305-743-4579</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					