

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90027 007 ****61.25

DOCUMENT # N04000009968	
1. Entity Name GALLERIA CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 1016 HOWE STREET KEY WEST, FL 33040	Mailing Address 5800 OVERSEAS HWY STE 6 MARATHON, FL 33050
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40007703



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	Country

01182007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0477088

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORATO, MARLENE C 5800 OVERSEAS HWY STE 6 MARATHON, FL 33050		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EPLER, BRENDA			NAME			
STREET ADDRESS	1016 HOWE ST			STREET ADDRESS			
CITY-ST-ZIP	KEY WEST, FL 33040			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIPES, MICHAEL			NAME			
STREET ADDRESS	1016 HOWE ST			STREET ADDRESS			
CITY-ST-ZIP	KEY WEST, FL 33040			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRING, JAY			NAME			
STREET ADDRESS	1016 HOWE ST			STREET ADDRESS			
CITY-ST-ZIP	KEY WEST, FL 33040			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIPES, JOANN			NAME			
STREET ADDRESS	1016 HOWE ST			STREET ADDRESS			
CITY-ST-ZIP	KEY WEST, FL 33040			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	MORATO, MARLENE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORAT, MARLENE			NAME			
STREET ADDRESS	1016 HOWE ST			STREET ADDRESS			
CITY-ST-ZIP	KEY WEST, FL 33040			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: MORATO MARLENE C. MORATO 4/8/07 305-743-4599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #