

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001162

FILED
Apr 14, 2009
Secretary of State

Entity Name: GALIA AT LOST KEY MARINA & YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

24301 WALDEN CENTER DR - STE 300
BONITA SPRINGS, FL 34134

New Principal Place of Business:

10099 NELLE AVE
PENSACOLA, FL 32507

Current Mailing Address:

24301 WALDEN CENTER DR - STE 300
BONITA SPRINGS, FL 34134

New Mailing Address:

13700 PERDIDO KEY DR
SUITE 25-26
PENSACOLA, FL 32507

FEI Number: 20-8364042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DR - STE 300
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

MEYER REAL ESTATE
13700 PERDIDO KEY DR
SUITE 25-26
PENSACOLA, FL 32507 US

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: LES WILLIAMS

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CROSS, WANDA
Address: 13587 PERDIDO KEY DR
City-St-Zip: PENSACOLA, FL 32507

Title: TD () Delete
Name: TIEBOUT-TOURON, MARCI
Address: 13587 PERDIDO KEY DR
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: HEINOLD, JAMES
Address: 10099 NELLE AVE
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONES, GREG
Address: 13587 PERDIDO KEY DR
City-St-Zip: PENSACOLA, FL 32507

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: GREG JONES

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date