

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08623

FILED
Jan 08, 2007
Secretary of State

Entity Name: THOMAS GALT ONE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2565 SOUTH ST.
FT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

2565 SOUTH ST.
FT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 59-2645652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNEY, LARRY M.
2565 SOUTH STR
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MCKINNEY, LARRY M.,
Address: 2565 SOUTH STR
City-St-Zip: FT MYERS, FL

Title: VSD () Delete
Name: MCKINNEY, SYLVIA
Address: 2565 SOUTH STR
City-St-Zip: FT MYERS, FL

Title: D () Delete
Name: GILL, DOROTHY,
Address: 2561 SOUTH ST
City-St-Zip: FORT MYERS, FL 339015309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: LARRY M MCKINNEY

PTD

01/08/2007

Electronic Signature of Signing Officer or Director

Date