


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90706 026 ****61.25

DOCUMENT # N12583	
1. Entity Name	
THE GALLERY ON GLEN CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
220 S. FRANKLIN STREET TAMPA FL 33609 US	607 S GLEN AVENUE UNIT E TAMPA FL 33609 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number	59-2728400	<input type="checkbox"/> 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	
BLALIJHAMME, OSCAR 220 S. FRANKLIN STREET TAMPA FL 33609	

7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	PARKER, JERELYN
<input checked="" type="checkbox"/> Delete	607 S. GLEN AVENUE
	TAMPA FL 33609
TITLE	NAME
DT	KOLETIC, LORI
<input type="checkbox"/> Delete	607 S GLEN AVE UNIT E
	TAMPA FL 33609
TITLE	NAME
V	MISNER, AMY
<input checked="" type="checkbox"/> Delete	609 S GLEN AVE UNIT D
	TAMPA FL 33609
TITLE	NAME
SD	BAYLESS, LYNN
<input checked="" type="checkbox"/> Delete	607 S GLEN AVE UNIT F
	TAMPA FL 33609
TITLE	NAME
<input type="checkbox"/> Delete	
TITLE	NAME
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
P	LORI KOLETIC
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	607 S GLEN AVE UNIT E
	TAMPA FL 33609
TITLE	NAME
V	KATHERINE PRATER
<input type="checkbox"/> Change <input type="checkbox"/> Addition	609 S GLEN AVE UNIT E
	TAMPA FL 33609
TITLE	NAME
T	AMY NOVAK
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	609 S GLEN AVE UNIT D
	TAMPA FL 33609
TITLE	NAME
S	KELLY WYNKOOP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	607 S GLEN AVE UNIT D
	TAMPA FL 33609
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/28/04** **833 387 0883**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #