2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000003457

1. Entity Name
GALLERIA POINTE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6675 CORPORATE CENTER PARKWAY SUITE 100 JACKSONVILLE, FL 32217	6675 CORPORATE CENTER PARKWAY SUITE 100 JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE

03192008 No Chg-NP CR2E037 (4/06)

4. FEI Number
75-2656334
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HENRY-ALLEN, LAURA
7220 FINANCIAL WAY SUITE 400
JACKSONVILLE, FL 32256

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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)

U00000876191
04/11/08-80064-011 61.25

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HENRY-ALLEN, LAURA
STREET ADDRESS	7220 FINANCIAL WAY, SUITE 400
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	ALLEN, JOHN J.
STREET ADDRESS	7220 FINANCIAL WAY, SUITE 400
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	MAYOR, JAMES L.
STREET ADDRESS	7235 BONNEVAL ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/20/08 4048968004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #