

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713079 (2)
1. Corporation Name
THE GALLEON CONDOMINIUM APARTMENTS, INC.



Principal Place of Business: 4100 GALT OCEAN DR. FT. LAUDERDALE FL 33308
Mailing Address: 4100 GALT OCEAN DR. FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified: 07/18/1967
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1169594	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SNYDER, SARAH E. 4100 GALT OCEAN DR APT. 604 FT LAUDERDALE FL 33308		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P SYNDER, SARAH E. <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4100 GALT OCEAN DR #604	12 NAME	
STREET ADDRESS	FT LAUDERDALE FL	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	V CHIRILLO, JACK <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4100 GALT OCEAN DRIVE, #605	22 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	D CREWS, DOLPH <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4100 GALT OCEAN DRIVE, 1407	32 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	D COCKS, ERIC H. <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4100 GALT OCEAN DR #712	42 NAME	
STREET ADDRESS	FT LAUDERDALE FL	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	S HODDER, BEVERLY <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4100 GALT OCEAN DRIVE, #510	52 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	D MCCLINE, ROBERT M <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4100 GALT OCEAN DRIVE, 304	62 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sarah E. Snyder 2/9/96 954-563-2497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)



The Galleon Condominium Apartments, Inc., 4100 Galt Ocean Drive, Fort Lauderdale, Florida 33308
(305) 563-2497

February 9, 1996

RE: Corporation Annual Report 1996
Block 12 Additional Officers & Directors
AS (Assistant Secretary)

MINTY, JOHN
4100 GALT OCEAN DRIVE, #307
FT LAUDERDALE, FL 33308

D
MCBRIDE, FRANK P. JR.
4100 GALT OCEAN DRIVE #305
FT LAUDERDALE, FL 33308

D
MULLNE, MICHAEL
4100 GALT OCEAN DRIVE, #1414
FT LAUDERDALE, FL 33308