

FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/18/1967	
4. FEI Number 59-1169594	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent HARWOOD, EDWARD 4100 GALT OCEAN DR #614 FT LAUDERDALE FL 33308	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	HARWOOD, EDWARD
STREET ADDRESS	4100 GALT OCEAN DRIVE #614
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CHIRILLO, JACK
STREET ADDRESS	4100 GALT OCEAN DRIVE, #605
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	LIPSHULTZ, MITCHELL
STREET ADDRESS	4100 GALT OCEAN DRIVE #1601
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	HENNEN, JOHN
STREET ADDRESS	4100 GALT OCEAN DRIVE #509
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	MALLON, ROSE ELLEN
STREET ADDRESS	4100 GALT OCEAN DRIVE #811
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ASTOR, MICHAEL
STREET ADDRESS	4100 GALT OCEAN DRIVE #911
CITY-ST-ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* 2/19/98 254/564-7174

CFR2E037 (10/97)



The Galleon Condominium Apartments, Inc., 4100 Galt Ocean Drive, Fort Lauderdale, Florida 33308
(954) 563-2497 • Fax: (954) 563-9505

February 9, 1998

RE: Corporation Annual Report 1998
Block 12 Additional Officers & Directors

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Sigmund Brenner
4100 Galt Ocean Drive #901
Ft. Lauderdale, FL 33308

D

Phillip Berman
4100 Galt Ocean Drive #403
Ft. Lauderdale, FL 33308

D

Vincent Persiani
4100 Galt Ocean Drive #211
Ft. Lauderdale, FL 33308