

FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**



2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**25** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

3. Date Incorporated or Qualified  
**07/18/1967**

4. FEI Number  
**59-1169594**

Applied For  
☐ Yes ☐ Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

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:  **2/19/98 254/564-7174**

CR2E037 (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

D

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

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

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D

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