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**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90128 033 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 713079**

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/18/1967

4. FEI Number

59-1169594

Applied For

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

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, *Edward Harwood*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/9/99*  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **P HARWOOD, EDWARD**  
STREET ADDRESS **4100 GALT OCEAN DRIVE #614**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE  
NAME **D CHIRILLO, JACK**  
STREET ADDRESS **4100 GALT OCEAN DRIVE, #605**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☒ DELETE  
NAME **V LIPSHULTZ, MITCHELL**  
STREET ADDRESS **4100 GALT OCEAN DRIVE #1601**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE  
NAME **T & V HENNEN, JOHN**  
STREET ADDRESS **4100 GALT OCEAN DRIVE #509**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE  
NAME **S MALLON, ROSE ELLEN**  
STREET ADDRESS **4100 GALT OCEAN DRIVE #811**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☒ DELETE  
NAME **D 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 ☐ Change ☒ Addition  
NAME **D**  
1.2 NAME **BERMAN, PHILIP**  
1.3 STREET ADDRESS **4100 GALT OCEAN DRIVE #403**  
1.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308** ☐ Change ☒ Addition

2.1 TITLE ☐ Change ☒ Addition  
NAME **D**  
2.2 NAME **BRENNER, SIGMUND**  
2.3 STREET ADDRESS **4100 GALT OCEAN DRIVE #901**  
2.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308** ☐ Change ☒ Addition

3.1 TITLE ☐ Change ☒ Addition  
NAME **D**  
3.2 NAME **BREWER, WALLACE**  
3.3 STREET ADDRESS **4100 GALT OCEAN DRIVE #1606**  
3.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308** ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☒ Addition  
NAME **D**  
4.2 NAME **PERSIANI, VINCENT**  
4.3 STREET ADDRESS **4100 GALT OCEAN DRIVE #211**  
4.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308** ☐ Change ☒ Addition

5.1 TITLE ☐ Change ☒ Addition  
NAME **D**  
5.2 NAME **SANDS, JAMES**  
5.3 STREET ADDRESS **4100 GALT OCEAN DRIVE, #203**  
5.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308** ☐ Change ☒ Addition

6.1 TITLE ☐ Change ☐ Addition  
NAME **D**  
6.2 NAME **ASTOR, MICHAEL**  
6.3 STREET ADDRESS **4100 GALT OCEAN DRIVE #911**  
6.4 CITY-ST-ZIP **FT. LAUDERDALE FL**

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, with all other like empowered.

SIGNATURE

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

*4/9/99*  
Date

*954/563-2497*  
Daytime Phone #

CR2E037 (11/98)