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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

2a. Mailing Address

3. Date Incorporated or Qualified

07/18/1967

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1169594

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARWOOD, EDWARD
4100 GALT OCEAN DR
#614
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: *Edward Harwood*

4/9/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> DELETE
NAME	LIPSHULTZ, MITCHELL	
STREET ADDRESS	4100 GALT OCEAN DRIVE #1601	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T & V	<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 checked="" type="checkbox"/> DELETE
NAME	ASTOR, MICHAEL	
STREET ADDRESS	4100 GALT OCEAN DRIVE #911	
CITY-ST-ZIP	FT. LAUDERDALE FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BERMAN, PHILIP	
1.3 STREET ADDRESS	4100 GALT OCEAN DRIVE #403	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRENNER, SIGMUND	
2.3 STREET ADDRESS	4100 GALT OCEAN DRIVE #901	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BREWER, WALLACE	
3.3 STREET ADDRESS	4100 GALT OCEAN DRIVE #1606	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PERSIANI, VINCENT	
4.3 STREET ADDRESS	4100 GALT OCEAN DRIVE #211	
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SANDS, JAMES	
5.3 STREET ADDRESS	4100 GALT OCEAN DRIVE, #203	
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	D	<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, with all other like empowered.

SIGNATURE: *Edward Harwood*
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/9/99 954/563-2497
Date Daytime Phone #

CR2E037 (11/98)