

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 713079

1. Entity 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**

DO NOT WRITE IN THIS SPACE



07072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1169594

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HARWOOD, EDWARD
 4100 GALT OCEAN DR
 #614
 FT LAUDERDALE, FL 33308**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARWOOD, EDWARD
STREET ADDRESS	4100 GALT OCEAN DRIVE #614
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	SANDS, JAMES
STREET ADDRESS	4100 GALT OCEAN DRIVE #203
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	D
NAME	BERMAN, PHILIP
STREET ADDRESS	4100 GALT OCEAN DR #403
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	T
NAME	HENNEN, JOHN
STREET ADDRESS	4100 GALT OCEAN DRIVE #509
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	S
NAME	MALLON, ROSE ELLEN
STREET ADDRESS	4100 GALT OCEAN DRIVE #811
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	BRENNER, SIGMUND
STREET ADDRESS	4100 GALT OCEAN DR #901
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308

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 08/16/04-80002-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Harwood 8/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #