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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738593 (3)
1. Corporation Name
EL GALEON EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O MANASOTA KEY REALTY 1927 BEACH RD. ENGLEWOOD FL 34223
C/O MANASOTA KEY REALTY 1927 BEACH RD. ENGLEWOOD FL 34223

3. Date Incorporated or Qualified
04/07/1977
4. FEI Number
59-2194083
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 C/O PENINSULA PROPERTY 26 C/O PENINSULA PROPERTY
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 4880 PLACIDA RD 27 P.O. BOX 125
City & State City & State
23 ENGLEWOOD FL 28 PLACIDA, FL.
Zip Country Zip Country
24 34224 25 USA 29 33946-0125 30 USA

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
LIPSON, DAVID
4000 BEACH RD
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent
81 Name FRANCIS J. CHANCEY
82 Street Address (P.O. Box Number is Not Acceptable) 11 AMBERJACK TER
83
84 City PLACIDA FL 85 Zip Code 33946

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 Francis J. Chancey 4-28-98
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	FO	<input type="checkbox"/> DELETE
NAME	FOSTER, CALVIN	
STREET ADDRESS	888 FOURTH ST., E.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, SCOTT	
STREET ADDRESS	1775 GULF BOULEVARD #107	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WATTERS, JOHN	
STREET ADDRESS	293 FRY TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	ND	<input checked="" type="checkbox"/> DELETE
NAME	BEX, CHANTAL	
STREET ADDRESS	23392 ABRADE AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZANE, JAMES	
STREET ADDRESS	1775 GULF BOULEVARD #108	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
4.2 NAME	SD CAROL MARKUS
4.3 STREET ADDRESS	5971 LAKESHORE LANE
4.4 CITY-ST-ZIP	LEXINGTON, MI 48450
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] 4/29/1998

CR2E037 (10/97)