

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 756923 (9)
1. Corporation Name
EL GALEON SOUTH CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**1927 BEACH ROAD
C/O MANASOTA KEY REALTY
ENGLEWOOD FL 34223
US**

3. Date Incorporated or Qualified
03/24/1981

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2194084

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 1765 GULF BLVD.

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25 CHARLOTTE

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**LIPSTEIN, DAVID
1927 BEACH RD
ENGLEWOOD FL 34223**

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	RD	<input type="checkbox"/> DELETE
NAME	RARDIN, WILLIAM	
STREET ADDRESS	1765 GULF BLVD.	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PORCELLI, MICHAEL	
STREET ADDRESS	5899 LINCOLN RD.	
CITY-ST-ZIP	VENICE FL	
TITLE	P D	<input type="checkbox"/> DELETE
NAME	HARRIS, ARTHUR	
STREET ADDRESS	902 E. LAKE MARTHA DR.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	RD	<input type="checkbox"/> DELETE
NAME	HOLLINGSWORTH, TOM	
STREET ADDRESS	ROUTE 1, BOX 160H N/A	
CITY-ST-ZIP	ARCADIA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BEIERWALTES, GUS	
STREET ADDRESS	1744 60TH AVE W	
CITY-ST-ZIP	BRADENTON 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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D ST
2.3 STREET ADDRESS	WILMA COULTER
2.4 CITY-ST-ZIP	1765 GULF BLVD., ENGLEWOOD, FL. 34223
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JIM LEROY
5.3 STREET ADDRESS	LINDA LEEDS
5.4 CITY-ST-ZIP	ED WICKERSHEIM
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	1765 GULF BLVD.,
6.3 STREET ADDRESS	ENGLEWOOD, FL.
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Arthur W. Harris - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96
Date

941-294-9221
Daytime Phone #

CR2E037 (12/95)