

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90053 009 \*\*\*\*61.25

**DOCUMENT # 756923**

1. Entity Name

EL GALEON SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1765 GULF BLVD.  
ENGLEWOOD FL 34223  
US

Mailing Address

3455-B S MCCALL RD  
ENGLEWOOD FL 34224  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2194084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEPALMA, JOHANNA  
3455-B S MCCALL RD  
ENGLEWOOD FL 34224

Name MARLENE E. DRUMMEN  
Street Address (P.O. Box Number is Not Acceptable)  
1271 BEACH ROAD  
City ENGLEWOOD FL Zip Code 34223

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GREY, JOHN	
STREET ADDRESS	6728 RIVER RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELM, ROBERT	
STREET ADDRESS	37 HOLMES STREET	
CITY-ST-ZIP	MARION MA 02738-1673	
TITLE	P	<input type="checkbox"/> Delete
NAME	DENMAN, JOHN	
STREET ADDRESS	27159 WEST RIVER RD	
CITY-ST-ZIP	GROSSE ILE MI 48138	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SCHAFER, THOMAS	
STREET ADDRESS	9879 HAWTHORN GLEN DR	
CITY-ST-ZIP	GROSSE ILE MI 48138	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	DEPALMA, JOHANNA	
STREET ADDRESS	3455-B S MCCALL RD	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, WILLIAM	
STREET ADDRESS	1059 IDAHO AVENUE	
CITY-ST-ZIP	CAPE MAY, NJ 08204	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>PT</del> D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helm, Robert	
STREET ADDRESS	37 Holmes Street	
CITY-ST-ZIP	Marion, MA 02738-1673	
TITLE	VP. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hill, William	
STREET ADDRESS	1059 Idaho Ave	
CITY-ST-ZIP	Cape May, NJ 08204	
TITLE	<del>SCHAFER</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFER, THOMAS	
STREET ADDRESS	9879 HAWTHORN GLEN DR	
CITY-ST-ZIP	GROSSE ILE MI. 48138	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/04 941-460-0665