


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N01611

1. Entity Name
GALLEON AT KEY WEST COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address

617 FRONT STREET **617 FRONT STREET**
KEY WEST, FL 33040 **KEY WEST, FL 33040**

DO NOT WRITE IN THIS SPACE



03232004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2659778 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LETSCHERT, TRUDO
1510 S. TUTTLE AVENUE
SARASOTA, FL 34239

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HALL, RALPH 617 FRONT ST KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS LETSCHERT, TRUDO 1510 S. TUTTLE AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ROY SMITH 11 SUNSET DR #203 SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/20/04-80036-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 individuals empowered.

SIGNATURE: _____
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #