

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01611

FILED  
Apr 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

617 FRONT STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

617 FRONT STREET  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 59-2659778      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: MASTENBROEK, HENX  
Address: 1215 N PALM AVE  
City-St-Zip: KEY WEST, FL

Title: P ( ) Delete  
Name: LETSCHERT, TRUDO  
Address: 1510 S. TUTTLE AVE.  
City-St-Zip: SARASOTA, FL

Title: VP ( ) Delete  
Name: ROY SMITH  
Address: 11 SUNSET DR #203  
City-St-Zip: SARASOTA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MASTENBROEK, HENX  
Address: 1215 N PALM AVE  
City-St-Zip: KEY WEST, FL

Title: VP (X) Change ( ) Addition  
Name: LETSCHERT, TRUDO  
Address: 1510 S. TUTTLE AVE.  
City-St-Zip: SARASOTA, FL

Title: T (X) Change ( ) Addition  
Name: ROY SMITH  
Address: 11 SUNSET DR #203  
City-St-Zip: SARASOTA, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRUDO LETSCHERT

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

VP

04/17/2009

\_\_\_\_\_ Date