

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # N01612 (3)

95 APR -5 PM 2:49

1. Corporation Name
THE GALLEON RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
617 FRONT STREET KEY WEST FL 33040 **617 FRONT STREET KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/24/1984 | 3a. Date of Last Report 04/07/1994 |
| 4. FEI Number 59-25 12207 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Country |
| 24 | 25 |
| 29 | 30 |

9. Name and Address of Current Registered Agent
**LETSCHERT, TRUDO
1510 S. TUTTLE AVE.
SARASOTA FL 34239**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|--|
| TITLE | SD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MASTENBROEK, HENK | 1.2 NAME | |
| STREET ADDRESS | 1510 S. TUTTLE AVE. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | SARASOTA FL | 1.4 CITY - ST - ZIP | |
| TITLE | V | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LETSCHERT, TRUDO | 2.2 NAME | |
| STREET ADDRESS | 2888-D RINGLING BLVD. | 2.3 STREET ADDRESS | 1510 S. Tuttle Avenue |
| CITY - ST - ZIP | SARASOTA FL | 2.4 CITY - ST - ZIP | Sarasota, FL 34239 |
| TITLE | PD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALL, RALPH | 3.2 NAME | |
| STREET ADDRESS | RT 4 BOX 148E | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | SUMMERLAND KEY FL | 3.4 CITY - ST - ZIP | |
| TITLE | DV | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAHER, LARRY | 4.2 NAME | Roy B. Smith |
| STREET ADDRESS | 2421 N CENTER ST, #353 | 4.3 STREET ADDRESS | 1510 S. Tuttle Avenue |
| CITY - ST - ZIP | HICKORY NC | 4.4 CITY - ST - ZIP | Sarasota, FL 34239 |
| TITLE | DT | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPRAGUE, MARY JANE | 5.2 NAME | |
| STREET ADDRESS | 6277 BARNESIDE DRIVE | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | CANAL WINCHESTER OH | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 110.07(3)(b), Florida Statutes. I further certify that the information included in 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, and 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: _____ DATE _____
SIGNATURE AND TITLE OF REGISTERED OFFICER OR DIRECTOR