

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90054 007 ****61.25

DOCUMENT # N01612
 1. Entity Name
 THE GALLEON RESORT CONDOMINIUM ASSOCIATION, INC.



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

40068270



04092008 No Chg-NP CR2E037 (4/06)

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4. FEI Number: 59-2512207
 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 AVE.
 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 reinstating) DATE: _____

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASTENBROEK, HENK
STREET ADDRESS	1510 S. TUTTLE AVE.
CITY-ST-ZIP	SARASOTA, FL
TITLE	VSD
NAME	LETSCHEIT, TRUDO
STREET ADDRESS	1510 S TUTTLE AVENUE
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	WRIGHT, BARBARA
STREET ADDRESS	30 SAILFISH PT
CITY-ST-ZIP	MANTEO, NC 27954
TITLE	DVT
NAME	SMITH, ROY B
STREET ADDRESS	1510 S TUTTLE AVENUE
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	SPRAGUE, MARY JANE
STREET ADDRESS	6277 BARNSIDE DRIVE
CITY-ST-ZIP	CANAL WINCHESTER, OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Trudo Letschert 4/09/08 941-366-9573
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #