


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90057 045 \*\*\*\*61.25

<b>DOCUMENT # N09006</b>					
1. Entity Name GALLEON MARINA ASSOCIATION, INC.					
Principal Place of Business 1510 S TUTTLE AVE SARASOTA, FL 34239 US			Mailing Address 1510 S TUTTLE AVE SARASOTA, FL 34239 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAGLICH, DAVID 1515 RINGLING BOULEVARD TENTH FLOOR SARASOTA, FL 34236				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	TOM KLEINMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACEY, JAN			NAME	
STREET ADDRESS	109 DUVAL STR			STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL			CITY-ST-ZIP	
TITLE	PDT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETSCHERT, TRUDO			NAME	
STREET ADDRESS	1510 S. TUTTLE AVENUE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL			CITY-ST-ZIP	
TITLE	VPDS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROY B.			NAME	
STREET ADDRESS	1510 S TUTTLE AVE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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.					
<b>SIGNATURE:</b> _____					
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # _____	

40028100



03022006 Chg-NP CR2E037 (11/05)

4. FEI Number 06-1207000 Applied For Not Applicable

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