


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N09006
 1. Entity Name
GALLEON MARINA ASSOCIATION, INC.



Principal Place of Business Mailing Address
1510 S TUTTLE AVE **1510 S TUTTLE AVE**
SARASOTA, FL 34239 US **SARASOTA, FL 34239 US**

DO NOT WRITE IN THIS SPACE



03172008 No Chg-NP CR2E037 (4/06)

4. FEI Number **06-1207000** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MAGLICH, DAVID
1515 RINGLING BOULEVARD
TENTH FLOOR
SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

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**

U00000966573
 04/08/08-80034-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KLEINMAN, TOM 109 DUVAL STR KEY WEST, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT LETSCHERT, TRUDO 1510 S. TUTTLE AVENUE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDS SMITH, ROY B. 1510 S TUTTLE AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: _____ **3/18/08** **941-366-9573**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #