

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01612

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC8692320798**

**Entity Name:** THE GALLEON RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

617 FRONT STREET  
KEY WEST, FL 33040

**Current Mailing Address:**

1510 S. TUTTLE AVE.  
SARASOTA, FL 34239 US

**FEI Number:** 59-2512207

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

|                 |                        |                 |                      |
|-----------------|------------------------|-----------------|----------------------|
| Title           | P                      | Title           | VPS                  |
| Name            | MASTENBROEK, HENK      | Name            | LETSCHERT, TRUDO     |
| Address         | 1510 S. TUTTLE AVE.    | Address         | 1510 S TUTTLE AVENUE |
| City-State-Zip: | SARASOTA FL            | City-State-Zip: | SARASOTA FL          |
|                 |                        |                 |                      |
| Title           | D                      | Title           | T                    |
| Name            | WRIGHT, BARBARA        | Name            | SMITH, ROY B         |
| Address         | 1989 RIVER MIST CIRCLE | Address         | 1510 S TUTTLE AVENUE |
| City-State-Zip: | NEW MARKET TN 37802    | City-State-Zip: | SARASOTA FL          |

*I hereby 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 all other like empowered.*

**SIGNATURE:** JUDITH KRYSTON

**OFFICE MANAGER**

**01/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date