

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01612

**FILED**  
**Mar 18, 2019**  
**Secretary of State**  
**7284530591CC**

**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:** Yes

**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 OTHER  
Name MASTENBROEK, HENK  
Address 1510 S. TUTTLE AVE.  
City-State-Zip: SARASOTA FL 34239

Title PRESIDENT  
Name LETSCHERT, TRUDO  
Address 1510 S TUTTLE AVENUE  
City-State-Zip: SARASOTA FL 34239

Title VP  
Name SMITH, ROY B  
Address 1510 S TUTTLE AVENUE  
City-State-Zip: SARASOTA FL 34239

Title SECRETARY, TREASURER  
Name KLEINMAN, THOMAS  
Address 1510 S TUTTLE AVENUE  
City-State-Zip: SARASOTA FL 34239

Title OTHER  
Name SPRAGUE, MARY JANE  
Address 811 GREENVIEW DR  
City-State-Zip: APOLLO BEACH FL 33572

*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:** TRUDO LETSCHERT

**PRESIDENT**

**03/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date