2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 731403

1. Entity Name
THE SPANISH GALLEON, A CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
1115 SOMBRERO BLVD. MARATHON, FL 33050	P O BOX 501166 MARATHON, FL 33050 US

01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1702160
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROGEL, DAVID H ESQ
BECKER & POLIAKOFF, PA
5201 BLUE LAGOON DRIVE, STE 100
MIAMI, FL 33126

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	WILLIAMSON, REESE
STREET ADDRESS	1115 SOMBRERO BLVD., #105
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	PD
NAME	ESPELAND, ~~ENOCH~~ CHRIS
STREET ADDRESS	1115 SOMBRERO BLVD, #304
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	STD
NAME	MALLGRAVE, LAWRENCE
STREET ADDRESS	1115 SOMBRERO BLVD #104
CITY-ST-ZIP	MARATHON, FL 33050
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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03/04/05-80050-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lawrence A. Mallgrave LAWRENCE A. MALLGRAVE SEC/TREAS 03/01/2005 305-743-5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #