

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 731403

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



Principal Place of Business
**1115 SOMBRERO BLVD.
MARATHON, FL 33050**

Mailing Address
**P O BOX 501166
MARATHON, FL 33050 US**



01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1702160	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

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

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, 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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02/26/08-80044-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

LAWRENCE A. MALLGRAVE
SIGNATURE: Lawrence A. Mallgrave Sec/Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/08

Date

305-743-5665

Daytime Phone #