

**FILE NOW: FILING FEE AFTER MAY 1 IS \$100.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 738593 (3)**  
1. Corporation Name  
**EL GALEON EAST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**C/O MANASOTA KEY REALTY  
1927 BEACH RD.  
ENGLEWOOD FL 34223** **C/O MANASOTA KEY REALTY  
1927 BEACH RD  
ENGLEWOOD FL 34223**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/07/1977** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2194083** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc 26 Suite, Apt #, etc  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**LIPSTEIN, DAVID  
1927 BEACH RD  
ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOSTER, CALVIN
STREET ADDRESS	886 FOURTH ST., E.
CITY, ST, ZIP	ENGLEWOOD FL 34223
TITLE	VD
NAME	COBERLY, LEON
STREET ADDRESS	3183 DANNY DR.
CITY, ST, ZIP	BEAVERCREEK OH 45385
TITLE	STD
NAME	SPATES, JEAN
STREET ADDRESS	N7745 EAST LAKESHORE DR.
CITY, ST, ZIP	WHITEWATER WI 53190
TITLE	D
NAME	BROOKS, WILLIAM R
STREET ADDRESS	36 AUDUBON NORTH
CITY, ST, ZIP	STONE CREEK ONTARIO CANADA L8J1J-3
TITLE	D
NAME	GERSHON, JULIAN
STREET ADDRESS	1018 LEE ST.
CITY, ST, ZIP	ENGLEWOOD FL 34224
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VD
23 STREET ADDRESS	Scott Martin
24 CITY, ST, ZIP	204 Saddlebrook Drive Wernersville, PA 19565
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SD
33 STREET ADDRESS	Spates, Jean
34 CITY, ST, ZIP	N7745 East Lakeshore Drive Whitewater, WI 53190
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D
43 STREET ADDRESS	Marco Polizzi
44 CITY, ST, ZIP	23392 Abrade Avenue Port Charlotte, FL 33980
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	TD
53 STREET ADDRESS	Sellers, M. Devon
54 CITY, ST, ZIP	1990 De La Palma Bartow, FL 33830
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Calvin Foster* CALVIN FOSTER 4-18-95 873-473-2194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #