

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 04/07/1977
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2194083
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: LIPSTEIN, DAVID, 1927 BEACH RD, ENGLEWOOD FL 34223
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *David Lipstein* David Lipstein DATE: 4/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FOSTER, CALVIN 886 FOURTH ST., E. ENGLEWOOD FL 34223	11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VD MARTIN, SCOTT 204 SADDLEBROOK DRIVE WERNERSVILLE PA	21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	SD SPATES, JEAN N7745 EAST LAKESHORE DRIVE WHITEWATER WI	31 TITLE	D Watters, John
NAME		32 NAME	293 Fry Terrace
STREET ADDRESS		33 STREET ADDRESS	Port Charlotte, FL 33952
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	D POLIZZI, MARCO 23392 ABRADIE AVE PORT CHARLOTTE FL	41 TITLE	D Bex, Chantal
NAME		42 NAME	23392 Abrade Avenue
STREET ADDRESS		43 STREET ADDRESS	Port Charlotte, FL 33980
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	TD SELLERS, M D 1990 DE LA PALMA BARTOW FL	51 TITLE	S/T Sellers, M. Deveon
NAME		52 NAME	1990 De La Palma
STREET ADDRESS		53 STREET ADDRESS	Bartow, FL 33830
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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 on an attachment with an address.

SIGNATURE: *Calvin Foster* Calvin Foster, President 4/30/96 941-474-9534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E037 (12/95)