2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # 738593						FILED Jan 14, 2002 8:00 am Secretary of State				0051349
EL GALEON EAST CONDOMINIUM ASSOCIATION, INC.						<b>cretary</b> -14-2002 90065				
Principal Pla	ice of Business	Mailir	ng Address	_						
1775 GULF B ENGLEWOOD US	EVD FL 34223-5983	1775 (	OTT P. MARTIN GULF BLVD #107 EWOOD FL 34223-5983	3		 	iak 18181 biska kepad (ilik bis	9027		
2. Principal Place of Business		3. Mai	3. Mailing Address							
Suite, Apt. #, etc.		Sı	Suite, Apt. #, etc.				DO NOT WRITE IN T	THIS SPACE		
City & Sta	ate	Ci	ity & State			4. FEI Number	9-2194083	<u> </u>	plied For t Applicable	}
Zip :	Country	Zi	p	Cour	ntry	5. Certificate of Sta	atus Desired	\$8.75 Add		
	6. Name and Address of Curre	nt Register	ed Agent			7. Name and Add	ress of New Registe	ered Agent		
					Name	N/A_				
MARTIN,					Street Addre	ess (P.O. Box Number is N	Not Acceptable)			
477E (11)	LF BLVD., #107 OOD FL 34223-5983									
								7:- 0	3	
ENGLEW	re named entity submits this statemen	t for the purp	ogse of changing its r	registere	City d office or regi	istered agent, or both, in		FL Zip Code	.:	
8. The abov	re named entity submits this statemen	gent and title if ap	Sc	: Registered	d office or regi	istered agent, or both, in  Ortin  Quired when reinstating)  \$5.00 May Be Added to Fees	the state of Florida.	PL 2000000000000000000000000000000000000	<b>602</b>	
8. The abov	Signature, typed or printed name of registered agent 1953 9953	gent and title if ap	Scopilicable: PT 0.0.4 (Notes of 1.40 and 0.30 9. Election Cam Trust Fund Co	e: Registered	d office or regi	quired when reinstating) \$5.00 May Be Added to Fees	the state of Florida.  The state of Florida.  Make C Depar	heck Payable tment of State	603_ to	
8. The abov	FILE NOW: FEE IS \$61.25	gent and title if ap	Scopilicable: PT 0.0.4 (Notes of 1.40 and 0.30 9. Election Cam Trust Fund Co	: Registered	d office or regi	ortin Preside	the state of Florida.  The state of Florida.  Make C Depar	heck Payable tment of State	603_ to	(01)
8. The abov SIGNATURE EVICTOR ACCOUNT 10.00 ACCOUNT TILLE NAME STREET ADDRESS	Signature, typed or printed name of registered activities and the statement of the statemen	gent and title if ap	Scopilicable: P. Co. Privotes OF ATTAIN AND AND S. Election Cam Trust Fund Co.	e Registered  mpaign Fi  contribution  11.  TITLE  NAME  STREE	d office or region of the property of the prop	quired when reinstating) \$5.00 May Be Added to Fees	the state of Florida.  The state of Florida.  Make C Depar	heck Payable thment of State	60) to	037 (9/01)
8. The abov SIGNATURE EVICTOR/ADDO 10 10 10 10 10 10 10 10 10 10 10 10 10 1	FILE NOW: FEE IS \$61.25  TO SELLERS, DEVON M 190 DE LA PALMA BARTOW FL 33830	gent and title if ap	Scopplicable: PT 02.4 (NOTE) OF CONTROL OF  9. Election Cam  Trust Fund Co	npaign Fi Contribution 11. TITLE NAME STREE	d office or region of the property of the prop	quired when reinstating) \$5.00 May Be Added to Fees	the state of Florida.  The state of Florida.  Make C Depar	heck Payable tment of State	to  10 Addition	3R2E037 (9/01)
8. The abov  SIGNATURE  SUSTEMATION  10:	FILE NOW: FEE IS \$61.25  TO DE LA PALMA BARTOW FL 33830  PD  MARTIN, SCOTT 1775 GULF BOULEVARD #107	gent and title if ap	Scopilicable: P. Co. Privotes OF ATTAIN AND AND S. Election Cam Trust Fund Co.	npaign Fi contribution  11.  TITLE NAME STREE CHY- TITLE NAME STREE	T P m Agent signature rec mancing on.  IT ADDRESS ST-ZIP	quired when reinstating) \$5.00 May Be Added to Fees	the state of Florida.  The state of Florida.  Make C Depar	heck Payable thment of State	60) to	CR2E037 (9/01)
8. The abov  SIGNATURE EVICTEMODA  43.12 of 8.5.31  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE NOW: FEE IS \$61.25  TD SELLERS, DEVON M BARTOW FL 33830 PD MARTIN, SCOTT 1775 GULF BOULEVARD #107 ENGLEWOOD FL 34223	gent and title if ap	Scopplicable: PER DELY(NOTE)  STORY OF A STATE R  9. Election Cam  Trust Fund Co	npaign Fi contribution  11.  TITLE NAME STREE CHY- TITLE NAME STREE	Agent signature red	quired when reinstating) \$5.00 May Be Added to Fees	the state of Florida.  The state of Florida.  Make C Depar	heck Payable tment of State	to  10 Addition	CR2E037 (9/01)
8. The abov  SIGNATURE EVERTAGOO  LYNCOME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Fignature, typed or printed name of registered active typed ty	gent and title if ap	Scopplicable: PT 02.4 (NOTE) OF CONTROL OF  9. Election Cam  Trust Fund Co	Engistered  Inpaign Fi Contribution  11.  TITLE NAME STREE CITY  TITLE NAME STREE CITY  TITLE NAME NAME NAME NAME NAME NAME NAME	Agent signature recommanding on.	quired when reinstating) \$5.00 May Be Added to Fees	the state of Florida.  The state of Florida.  Make C Depar	heck Payable tment of State  ID DIRECTORS IN  Change	to  10  Addition	CR2E037 (9/01)
8. The abov  SIGNATURE  SUBSTRICT ADDO  10: 20: 31  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	File Now: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  TO DE LA PALMA BARTOW FL 33830  PD MARTIN, SCOTT 1775 GULF BOULEVARD #107 ENGLEWOOD FL 34223  VD WATTERS, JOHN 502 NIBLICK CIRCLE	gent and title if ap	Scopplicable: PER DELY(NOTE)  STORY OF A STATE R  9. Election Cam  Trust Fund Co	Daniel Registered  Department of the Property	Agent signature recommanding Dn.	quired when reinstating) \$5.00 May Be Added to Fees	the state of Florida.  The state of Florida.  Make C Depar	heck Payable tment of State  ID DIRECTORS IN  Change	to  10  Addition	CR2E037 (9/01)
8. The abov  SIGNATURE ENGTENDOD 13.1 218.3 31  10.11 248.3 31  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FILE NOW: FEE IS \$61.25	gent and title if ap	Scopplicable: PER DELY(NOTE)  STORY OF A STATE R  9. Election Cam  Trust Fund Co	Daniel Programme Contribution Figure 11.  TITLE NAME STREE CITY- TITLE NAME SAME SAME CITY- TITLE NAME STREE CITY- TITLE TITLE NAME STREE CITY- TITLE TITLE TITLE NAME STREE CITY-	Agent signature reconnancing on.  AT ADDRESS ST-ZIP  AT ADDRESS ST-ZIP  AT ADDRESS ST-ZIP	quired when reinstating) \$5.00 May Be Added to Fees	the state of Florida.  The state of Florida.  Make C Depar	heck Payable tment of State  ID DIRECTORS IN  Change	to  10  Addition	CR2E037 (9/01)
8. The abov  SIGNATURE EVERTADOO  10.00 2005  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FILE NOW: FEE IS \$61.25  FILE NOW: FILE NOW: FEE IS \$61.25  FILE NOW: F	pent and title if an	Scopplicable. F. Solve (Notes of All Annual Section Came Trust Fund Co. Section Came Trust Fund Co. Section Came Delete	Date of the control o	Agent signature reconnancing on.  AT ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP	quired when reinstating) \$5.00 May Be Added to Fees	the state of Florida.  The state of Florida.  Make C Depar	heck Payable thment of State  ID DIRECTORS IN Change	to  10 Addition  Addition	CR2E037 (9/01)
8. The abov  SIGNATURE EVICTORIANO 10 TO SAVE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FILE NOW: FEE IS \$61.25  FILE NOW: FILE NOW: FEE IS \$61.25  FILE NOW: F	pent and title if an	Scopplicable. F. Solve (Notes of All Annual Section Came Trust Fund Co. Section Came Trust Fund Co. Section Came Delete	TITLE NAME STREE CHY TITLE NAME STREE CHY TITLE NAME STREE CHY TITLE NAME STREE CHY TITLE NAME STREE STREE CHY TITLE NAME STREE STREE CHY TITLE NAME STREE STREE STREE STREE STREE STREE STREE STREE STREE	Agent signature reconnancing on.  AT ADDRESS ST-ZIP  AT ADDRESS ST-ZIP  AT ADDRESS ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make C Depar ES TO OFFICERS AN	heck Payable tment of State  ID DIRECTORS IN Change Change Change	to  10 Addition  Addition	CR2E037 (9/01)
8. The abov  SIGNATURE EVICTE MODE 10.7 10.7 10.7 10.7 10.7 10.7 10.7 10.7	FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  TD  SELLERS, DEVON M  190 DE LA PALMA BARTOW FL 33830  PD  MARTIN, SCOTT 1775 GULF BOULEVARD #107 ENGLEWOOD FL 34223  VD  WATTERS, JOHN 502 NIBLICK CIRCLE NORTH PORT FL  SD  MARKUS, CAROL 1775 GULF BOULEVARD #105 ENGLEWOOD FL 34223  D  ENGLEWOOD FL 34223  D	pent and title if an	Scopplicable. F. Solve (Notes of All Annual Section Came Trust Fund Co. Section Came Trust Fund Co. Section Came Delete	TITLE NAME STREE CHY TITLE	Agent signature reconnencing on.  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	the state of Florida.  The state of Florida.  Make C Depar	heck Payable tment of State  ID DIRECTORS IN Change Change Change	to  10 Addition  Addition	CR2E037 (9/01)
8. The abov  SIGNATURE EVICTORIANO 10-10-10-10-10-10-10-10-10-10-10-10-10-1	FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  TD  SELLERS, DEVON M  190 DE LA PALMA BARTOW FL 33830  PD  MARTIN, SCOTT  1775 GULF BOULEVARD #107 ENGLEWOOD FL 34223  VD  WATTERS, JOHN  5 02 NIBLICK CIRCLE NORTH PORT FL  SD  MARKUS, CAROL  1775 GULF BOULEVARD #105 ENGLEWOOD FL 34223  D  ZANE; JAMES	pent and title if an INVERTING	Scopplicable: PT SELECTION TEST OF THE SELECTION CAME Trust Fund Co.  Selection Came Trust Fund Co.  Delete  Delete  Delete	TITLE NAME STREE CITY TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	Agent signature reconnencing on.  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP	\$5.00 May Be Added to Fees  ADDITIONS/CHANGE	Make C Depar ES TO OFFICERS AN	heck Payable the the the the the the the the the th	10 Addition Addition Addition	CR2E037 (9/01)
8. The abov  SIGNATURE EVICTEMODA  43.2 d 8.31  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  TD  SELLERS, DEVON M  190 DE LA PALMA BARTOW FL 33830  PD  MARTIN, SCOTT 1775 GULF BOULEVARD #107 ENGLEWOOD FL 34223  VD  WATTERS, JOHN 502 NIBLICK CIRCLE NORTH PORT FL SD  MARKUS, CAROL 1775 GULF BOULEVARD #105 ENGLEWOOD FL 34223  D  ZANE, JAMES	pent and title if an INVERTING	Scopplicable: PT SELECTION TEST OF THE SELECTION CAME Trust Fund Co.  Selection Came Trust Fund Co.  Delete  Delete  Delete	TITLE NAME STREE CITY-	T ADDRESS ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make C Depar ES TO OFFICERS AN	heck Payable the the the the the the the the the th	to  10	CR2E037 (9/01)

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.

CITY-ST-ZIP

NAME STREET ADDRESS

☐ Delete

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

01/06/2002 941-475-5380 SIGNATURE: