

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State
 01-14-2002 90065 020 ****75.00

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DOCUMENT # 738593
 1. Entity Name
EL GALEON EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1775 GULF BLVD ENGLEWOOD FL 34223-5983 US	Mailing Address % SCOTT P. MARTIN 1775 GULF BLVD., #107 ENGLEWOOD FL 34223-5983 US
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902731



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Same	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2194083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MARTIN, SCOTT P
1775 GULF BLVD., #107
ENGLEWOOD FL 34223-5983

7. Name and Address of New Registered Agent
 Name **N/A**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.
 SIGNATURE *[Signature]* **SCOTT P. Martin, President/manager** DATE **01/06/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	SELLERS, DEVON M	
STREET ADDRESS	190 DE LA PALMA	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTIN, SCOTT	
STREET ADDRESS	1775 GULF BOULEVARD #107	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WATTERS, JOHN	
STREET ADDRESS	502 NIBLICK CIRCLE	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARKUS, CAROL	
STREET ADDRESS	1775 GULF BOULEVARD #105	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZANE, JAMES	
STREET ADDRESS	1775 GULF BOULEVARD #106	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.
 SIGNATURE: *[Signature]* **SCOTT P. Martin, President** DATE **01/06/2002** **941-475-5380**

CR2E037 (9/01)