

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90563 016 \*\*\*\*61.25

20036235



03012005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 738593</b>			
1. Entity Name EL GALEON EAST CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1775 GULF BLVD ENGLEWOOD, FL 34223-5983 US		Mailing Address <del>1775 GULF BLVD, #107</del> 1775 GULF BLVD., #107 ENGLEWOOD, FL 34223-5983 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		C/O Carol Markus Suite, Apt. #, etc. 1775 GULF BLVD, #105	
City & State		City & State Englewood FL	
Zip	Country	Zip	Country
		34223	Charlotte
4. FEI Number 59-2194083		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DRINNEN, MARLENE I 1271 BEACH RD ENGLEWOOD, FL 34223		Name 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELLERS, DEVON M 190 DE LA PALMA BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WATTERS, JOHN 502 NIBLICK CIRCLE NORTH PORT, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGGIO, MARKUS 1775 GULF BLVD #105 ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARKUS, ROBERT 1775 GULF BLVD #105 ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROL Markus <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1775 GULF BLVD #105 ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEGG, RONALD 228 PARMETTO DUNES CIR NAPLES, FL 34113 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Angela Polk/King <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3725 Meyer Place Sarasota, FL 34239
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.			
SIGNATURE: <u>Devon Sellers</u> DEVON SELLERS		3/28/05 863-644-8432	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	