

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90385 043 \*\*\*\*61.25

<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 C/O CAROL MARKIS 1775 GULF BLVD., #105 ENGLEWOOD, FL 34223 US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address 1271 BEACH RD  Suite, Apt. #, etc.			
City & State		City & State ENGLEWOOD, FL		4. FEI Number 59-2194083	
Zip 34223		Country US		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  DRINNEN, MARLENE I 1271 BEACH RD ENGLEWOOD, FL 34223			7. Name and Address of New Registered Agent Name: GENEVIEVE POULAIN Street Address (P.O. Box Number is Not Acceptable): 1271 BEACH RD City: ENGLEWOOD FL Zip Code: 34223		
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 re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
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	VD WATTERS, John 1155 LIVE OAK CIRCLE PORT CHARLOTTE, FL 33948-2187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLK-KING, ANGELA 3725 MEYER PLACE SARASOTA, FL 34239	<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	VD MARKUS, CAROL 1775 GULF BLVD #105 ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARKUS, CAROL 1775 GULF BLVD. #105 ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>			4-21-06 944-475-8902		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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04182006 Chg-NP CR2E037 (11/05)

4-19-06