

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90025 037 ****61.25

DOCUMENT # 740652

1. Entity Name

GALLEON TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% CAMCO SERVICES
 5135 U.S. HIGHWAY 1
 VERO BEACH FL 32967
 US

% CAMCO SERVICES
 5135 U.S. HIGHWAY 1
 VERO BEACH FL 32967
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1820177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~PALESTRINI, PAUL~~
 5135 US HIGHWAY ONE
 VERO BEACH FL 32967

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **BRADY, ANDREW**
 STREET ADDRESS **2703 N A1A, #A**
 CITY-ST-ZIP **FT PIERCE FL 34949**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPD** ☐ Delete
 NAME **TUTTLE, ELIZABETH**
 STREET ADDRESS **2707 N A1A # C**
 CITY-ST-ZIP **FORT PIERCE FL 34949**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☐ Delete
 NAME ~~MAIGE, AL~~
 STREET ADDRESS **2801 N A1A #H**
 CITY-ST-ZIP **FT PIERCE FL 34949**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete
 NAME **ROGERS, CHARLES**
 STREET ADDRESS **2805 N A1A # D**
 CITY-ST-ZIP **FORT PIERCE FL 34949**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **TAGGART, SUSAN**
 STREET ADDRESS **2703 N A1A # J**
 CITY-ST-ZIP **FT. PIERCE FL 34949**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **RAHL, HUGO**
 STREET ADDRESS **2703 N A1A # D**
 CITY-ST-ZIP **FT PIERCE FL 34949**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Andrew Brady
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-02

Date

772-595-1658

Daytime Phone #

CR2E037 (9/01)