

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90331 001 \*\*\*\*61.25

<b>DOCUMENT # 740652</b> 1. Entity Name <b>GALLEON TOWNHOUSE ASSOCIATION, INC.</b>					
Principal Place of Business <b>% SCHLITT PROP.MGMNT 3240 CARDINAL DR. VERO BEACH, FL 32963 US</b>			Mailing Address <b>% SCHLITT PROP.MGMNT 3240 CARDINAL DR. VERO BEACH, FL 32963 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1820177</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SCHLITT, STEVEN 3240 CARDINAL DRIVE VERO BEACH, FL 32963</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	VP BRADY, ANDREW	<input type="checkbox"/> Delete →	TITLE NAME	P ANDREW BRADY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2703 N A1A, #A		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE NAME	D TAGGART, SUSAN	<input checked="" type="checkbox"/> Delete	TITLE NAME	T JENI ACQUIRE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2707 N A1A, UNIT J		STREET ADDRESS	2707 N A1A, UNIT J	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	FORT PIERCE, FL 34949	
TITLE NAME	P SMITH, NANCIE	<input type="checkbox"/> Delete →	TITLE NAME	S NANCIE SMITH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2707 N A1A UNIT H		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE NAME	D ANKIEL, RAY	<input type="checkbox"/> Delete →	TITLE NAME	VP RAY ANKIEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2711 N A1A, UNIT D		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE NAME	T MURRAY, ROBERTA	<input type="checkbox"/> Delete →	TITLE NAME	D ROBERTA MURRAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	816 ST. LUCIE CRESCENT		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE NAME	S MURTOUGH, LUCILLE	<input checked="" type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	816 ST LUCIE CRESCENT		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		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 all other like empowered.					
<b>SIGNATURE:</b> <u>Andrew Brady</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4.104/05</u> Daytime Phone # _____		

**50038000**



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