2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State

			 , .		Secret	arv ot	· Sta	ıte –	
DOCUMENT # 740652 1. Entity Name GALLEON TOWNHOUSE ASSOCIATION, INC.						7 90069 009			
% SCHLITT F 3240 CARDI	se of Business PROP.MGMNT NAL DR. 4, FL 32963 US	Mailing Address % SCHLITT PROP.MGN 3240 CARDINAL DR VERO BEACH, FL 329		1 10211	1 (201) SIGN 80W1 81W1 81W1) 1 1		 1 1 1 1 1 1 1 1 1	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CR2E037	(12/06)		
City & Stat	е	City & State			4. FEI Number				
Zip	Country	Zip	Country	5. Certifi	cate of Status Desire		8.75 Add e Required		
6. Name and Address of Current Registered Agent				7. Name	and Address of Nev	w Registered Ag	ent		
	STEVEN DINAL DRIVE ACH, FL 32963		Name Street A	ddress (P.O. Box N	umber is Not Accepta	able)			
			City			FL	Zip Code		
	named entity submits this statement flions of registered agent.	or the purpose of changing its	s registered office or	registered agent, c	or both, in the State of		niliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NO	TE: Registered Agent signati	ure required when reinstatin	g) .	DATE			
	Filing Fee is \$61.25 Due by May 1, 2007	1	mpaign Financing Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS	/CHANGES TO OFFI	CERS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, ANDREW 2703 N A1A, #A FT PIERCE, FL 34949	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, NANCIE 2707 N A1A UNIT H FT PIERCE, FL 34949	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEYER, + 2703 N FT. PIER	CATHY AIA, UN CE, FL	17) 34949	Change	Addition	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAGGERT, SUE 2703 N A1A UNIT J FORT PIERCE, FL 34949	☐ Delele	TITLE NAMF STREET ADDRESS CITY-ST-ZIP	S		·)	∑ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	S POLLACK, SUE 2711 N A1A UNIT E STUART, FL 34994	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANDLE 2801 , ET: PIE	Y JEFF JORTH F RCE, F	1,A, UN 2,4°	Change 77 = 5 749	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALL, JEFF 2801 N A1A UNIT F STUART, FL 34994	Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASOLA 2703 F	RE, JOE N AIA ERCE, FL	:	_} Change	Addition	
TITLE NAME		☐ Delele	TITLE NAME	BENHAM	SCOTT AAUN	[Change	Addition	

CITY-ST-ZIP

CITY-ST-ZIP

F. PIERIE F. 34949

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.

SIGNATURE:

Signature and typed or printed name of signify of ficer or director

/25/07 465-3316