

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90334 047 \*\*\*\*61.25

<b>DOCUMENT # 740652</b>			
<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 - No P.O. Box #</b> c/o SCHLITT PROP MGMNT		<b>3. Mailing Address</b> % SCHLITT PROP, MGMNT	
Suite, Apt. #, etc. 1209 U.S. HIGHWAY 1		Suite, Apt. #, etc. 1209 U.S. HIGHWAY 1	
City & State SEBASTIAN, FL		City & State SEBASTIAN, FL	
Zip 32958		Zip 32958	
Country U.S.		Country U.S.	
<b>4. FEI Number</b> 59-1820177		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SCHLITT, STEVEN 3240 CARDINAL DRIVE VERO BEACH, FL 32963		<b>7. Name and Address of New Registered Agent</b> Name STEVEN SCHLITT Street Address (P.O. Box Number is Not Acceptable) 1209 U.S. HIGHWAY 1 City SEBASTIAN FL Zip Code 32958	
<b>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.</b>			
SIGNATURE <u>STEVEN SCHLITT</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/1/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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	<input checked="" type="checkbox"/> <b>Delete</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
BRADY, ANDREW 2703 N A1A, #A FT PIERCE, FL 34949		D BRADY, ANDREW 2703 N A1A #A FT. PIERCE, FL 34949	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>Delete</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
T MEYER, KATHY 2703 N. A1A, UNIT D FT PIERCE, FL 34949		VP LOHR, RICK 2801 N. A1A, UNIT D FT. PIERCE, FL 34949	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Delete</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
S TAGGERT, SUE 2703 N A1A UNIT J FORT PIERCE, FL 34949		D MENALIS, SANDY 2801 N. A1A, UNIT D FT. PIERCE, FL 34949	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Delete</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
D HANDLEY, JEFF 2801 NORTH A1A, UNIT J FORT PIERCE, FL 34949		T MEYER, DAN 2703 N. A1A UNIT D FT. PIERCE, FL 34949	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>Delete</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
D CASOLARE, JOE 2703 F N A1A FORT PIERCE, FL 34949		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
VP BENHAM, SCOTT 2707 N A1A, UNIT F FORT PIERCE, FL 34949		P BENHAM, SCOTT 2707 N A1A, UNIT F FT. PIERCE, FL 34949	
<b>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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/20/08</u> <small>Date</small>	
Daytime Phone #		Daytime Phone #	