

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 740652 1. Entity Name GALLEON TOWNHOUSE ASSOCIATION, INC.			
Principal Place of Business % CAMCO SERVICES 5135 U.S. HIGHWAY 1 VERO BEACH, FL 32967 US		Mailing Address % CAMCO SERVICES 5135 U.S. HIGHWAY 1 VERO BEACH, FL 32967 US	
2. Principal Place of Business % SCHLITT PROP. MGMT Suite, Apt. #, etc. 3240-CARDINAL DR. City & State VERO BEACH, FL Zip 32963		3. Mailing Address % SCHLITT PROP MGMT Suite, Apt. #, etc. 3240-CARDINAL DR. City & State VERO BEACH, FL Zip 32963	
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 PALESTRINI, PAUL 5135 US HIGHWAY ONE VERO BEACH, FL 32967	
7. Name and Address of New Registered Agent Name STEVEN R. SCHLITT Street Address (P.O. Box Number is Not Acceptable) % SCHLITT PROPERTY MANAGEMENT 3240 CARDINAL DRIVE City & State VERO BEACH FL		Zip Code 32963	
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 STEVEN R. SCHLITT Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when electing.)			
FILE NOW: FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD VICE PRESIDENT ☐ Delete	NAME BRADY, ANDREW	TITLE ☐ Change ☒ Addition	NAME NANCIE SMITH, PRESIDENT
STREET ADDRESS 2703 N A1A, #A	CITY-ST-ZIP FT PIERCE, FL 34949	STREET ADDRESS 2707 N A1A, UNIT #	CITY-ST-ZIP FT. PIERCE, FL 34949
TITLE VPD ☒ Delete	NAME TUTTLE, ELIZABETH	TITLE ☐ Change ☒ Addition	NAME JOHN GRAHAM, TREASURER
STREET ADDRESS 2707 N A1A # C	CITY-ST-ZIP FORT PIERCE, FL 34949	STREET ADDRESS 2703 N A1A, UNIT #	CITY-ST-ZIP FT. PIERCE, FL 34949
TITLE TD ☒ Delete	NAME MAIGE, AL	TITLE ☐ Change ☒ Addition	NAME ROBERTA MURRAY, DIRECTOR
STREET ADDRESS 2801 N A1A #H	CITY-ST-ZIP FT PIERCE, FL 34949	STREET ADDRESS 816 ST. LUCIE CRESCENT	CITY-ST-ZIP STUART, FL 34994
TITLE S ☒ Delete	NAME ROGERS, CHARLES	TITLE ☐ Change ☒ Addition	NAME LUCILLE MURTOUGH, DIRECTOR
STREET ADDRESS 2805 N A1A # D	CITY-ST-ZIP FORT PIERCE, FL 34949	STREET ADDRESS 816 ST. LUCIE CRESCENT	CITY-ST-ZIP STUART, FL 34994
TITLE D ☐ Delete	NAME SECRETARY TAGGART, SUSAN	TITLE ☐ Change ☒ Addition	NAME DJ HEROLD, DIRECTOR
STREET ADDRESS 2703 N A1A # J	CITY-ST-ZIP FT. PIERCE, FL 34949	STREET ADDRESS 2801 N A1A, UNIT 1	CITY-ST-ZIP FT. PIERCE, FL 34949
TITLE D ☒ Delete	NAME RAHL, HUGO	400022635944 08/28/03--01060--001 **61.25	
STREET ADDRESS 2703 N A1A # D	CITY-ST-ZIP FT PIERCE, FL 34949	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 another like empowered.	
SIGNATURE: KELLY WALSH 8/17/03 Signature, typed or printed name of signing officer or director. Date Daytime Phone #			

FILED
03 AUG 28 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037 (10/02)