


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

40060950

DOCUMENT # 752121


1. THE GALLEONS' ASSOCIATION, INC.



C/O ELLIOTT MERRILL
835 20TH PL
VERO BEACH, FL 32960 US

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VERO BEACH, FL 32960 US

40060350



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1999415

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

MERRILL, KAREN
835 20TH PL
VERO BEACH, FL 32960

FL

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. PD QUINN, PAUL 1050 REEF ROAD #201 VERO BEACH, FL 32963

11. PD Zine, Paul 1050 Reef Road #101 Vero Beach, FL 32963

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD HODGES, JACK 1080 REEFF ROAD #307 VERO BEACH, FL 32963

D Quinn, Paul 1050 Reef Road #201 Vero Beach, FL 32963

SD OJEMANN, ROBERT MD 1060 REEF ROAD #203 VERO BEACH, FL 32963

TD CADEMATORI, KENNETH 1050 REEF ROAD ##203 VERO BEACH, FL 32963

TDA MILLER, JOSEPH 1060 REEF ROAD #304 VERO BEACH, FL 32963

D ZINE, PAUL 1050 REEF ROAD #101 VERO BEACH, FL 32963

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: [Signature]

4/8/05 617-770-0559