

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752121

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** THE GALLEONS' ASSOCIATION, INC.

**Current Principal Place of Business:**

KEYSTONE PROPERTY MANAGMENT GROUP, INC.  
2001 9TH AVENUE, #308  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

KEYSTONE PROPERTY MANAGMENT GROUP, INC.  
2001 9TH AVENUE, #308  
VERO BEACH, FL 32960 US

**New Mailing Address:**

**FEI Number:** 59-1999415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCKINNON, CHARLES  
3055 CARDINAL DRIVE  
STE 302  
VERO BEACH, FL 32963 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** DEWAHL, DAVID  
**Address:** 1070 REEF ROAD #306  
**City-St-Zip:** VERO BEACH, FL 32963

**Title:** PD  
**Name:** QUINN, PAUL J  
**Address:** 1050 REEF ROAD #201  
**City-St-Zip:** VERO BEACH, FL 32963

**Title:** D  
**Name:** NOURI, HASSAN  
**Address:** 1050 REEF ROAD #302  
**City-St-Zip:** VERO BEACH, FL 32963

**Title:** TD  
**Name:** CADEMATORI, KENNETH  
**Address:** 1050 REEF ROAD #102  
**City-St-Zip:** VERO BEACH, FL 32963

**Title:** D  
**Name:** HARTZ, PAUL  
**Address:** 1060 REEF ROAD #303  
**City-St-Zip:** VERO BEACH, FL 32963

**Title:** S  
**Name:** TOLETTE, SKIP  
**Address:** 1050 REEF ROAD #203  
**City-St-Zip:** VERO BEACH, FL 32963

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PAUL QUINN

PD

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date