


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90385 042 \*\*\*\*61.25

<b>DOCUMENT # 755933</b>	
1. Entity Name EL GALEON CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1770 GULF BLVD. ENGLEWOOD, FL 34223-5730	Mailing Address 3455-B SO MCCALL RD ENGLEWOOD, FL 34224
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2. Principal Place of Business	3. Mailing Address 1271 BEACH RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State ENGLEWOOD, FL
Zip	Country US
Country	Zip 34223

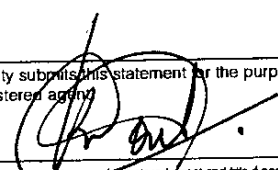


04182006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1655328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEPALMA, JOHANNA 3455-B SO MCCALL RD ENGLEWOOD, FL 34224	7. Name and Address of New Registered Agent Name GENEVIEVE POULAIN Street Address (P.O. Box Number is Not Acceptable) 1271 BEACH RD. City ENGLEWOOD FL Zip Code 34223
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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  DATE 4/19/06

(NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCARDLE, SELINA 1141 FOX HILL RD. CHESHIRE, CT 064101840 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DEPALMA, JOHANNA 3455-B SO MCCALL RD ENGLEWOOD, FL 34224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VESEY, BARBARA 2626 SW 21ST AVE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VESEY, BARBARA 2215 SW 45TH TERRACE CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROGERS, GAIL 970 SAN CARLOS CT NE SAINT PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, GAIL 970 SAN CARLOS CT NE SAINT PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RONALD CLEGG 4141 BAY BEACH LN., #416 FT. MYERS BEACH, FL 33931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 4-19-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR