

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90125 009 \*\*\*\*61.25

**DOCUMENT # 756923**

1. Entity Name

**EL GALEON SOUTH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1765 GULF BLVD.  
 ENGLEWOOD FL 34223  
 US**

**1765 GULF BLVD.  
 ENGLEWOOD FL 34223  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2194084**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEPALMA, JOHANNA  
 1765 GULF BLVD.  
 ENGLEWOOD FL 34223**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ~~DIRECTORS~~ CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **WICKERSHEIM, ED**  
 STREET ADDRESS **1765 GULF BLVD.**  
 CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **DIRECTOR**  Change  Addition  
 NAME **RENEE THOMPSON**  
 STREET ADDRESS **1765 GULF BLVD.**  
 CITY-ST-ZIP **ENGLEWOOD, FL 34423**

TITLE **SD**  Delete  
 NAME **HELM, ROBERT**  
 STREET ADDRESS **37 HOLMES STREET**  
 CITY-ST-ZIP **MARION MA 02738-1673**

TITLE **SECY. / TREASURER**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **DENMAN, JOHN**  
 STREET ADDRESS **1765 GULF BLVD**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **DIRECTOR**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **LEROY, JIM**  
 STREET ADDRESS **1765 GULF BLVD**  
 CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **VICE-PRESIDENT**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AT**  Delete  
 NAME **DEPALMA, JOHANNA**  
 STREET ADDRESS **1765 GULF BLVD**  
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **TD**  Delete  
 NAME **HILL, WILLIAM**  
 STREET ADDRESS **1059 IDAHO AVENUE**  
 CITY-ST-ZIP **CAPE MAY NJ 08204**

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 Reempowers.

SIGNATURE: *Johanna Depalma*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHANNA DEPALMA**  
**2/5/02** **94-474-2709**  
 Date Daytime Phone #

CR2E037 (9/01)