

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90120 048 ****61.25

DOCUMENT # 756923

1. Entity Name

EL GALEON SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1765 GULF BLVD.
ENGLEWOOD FL 34223
US

Mailing Address

1271 BEACH ROAD
ENGLEWOOD FL 34223
US

2. Principal Place of Business

3. Mailing Address

4195 S. Tamiami Trail

Suite, Apt. #, etc.
PMB #173

City & State
Venice, FL

Zip
34293

Country
USA

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2194084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRINNEN, MARLENE I
1271 BEACH ROAD
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name Antares Group Inc.

Street Address (P.O. Box Number is Not Acceptable)
4195 S. Tamiami Trail, PMB #173

City Venice

FL

Zip Code 34293

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]* *[Signature]*

02.22.06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME THOMAS, MIELECKI
STREET ADDRESS 1259 HOTSPRINGS POINT
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE VP ☐ Delete
NAME HILL, WILLIAM
STREET ADDRESS 1059 IDAHO AVE
CITY-ST-ZIP CAPE MAY NJ 08254

TITLE P ☐ Delete
NAME DENMAN, JOHN
STREET ADDRESS 27159 WEST RIVER RD
CITY-ST-ZIP GROSSE ILE MI 48138

TITLE D ☐ Delete
NAME SCHAFER, THOMAS
STREET ADDRESS 9879 HAWTHORN GLEN DR
CITY-ST-ZIP GROSSE ILE MI 48138

TITLE ST ☐ Delete
NAME LEROY, JAMES
STREET ADDRESS 80 HARBOR HILL DR
CITY-ST-ZIP ROCHESTER NY 14617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary-Treasurer ☒ Change ☐ Addition
NAME
STREET ADDRESS 15516 Alsask Circle
CITY-ST-ZIP Port Charlotte, FL 33981

TITLE Vice President ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 1552
CITY-ST-ZIP Englewood, FL 34295

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* JOHN DENMAN 1/21/06 941408-8739