
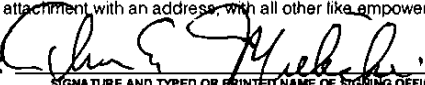


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90063 026 ****61.25

DOCUMENT # 756923 1. Entity Name EL GALEON SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4195 SOUTH TAMiami TRAIL PMB #173 VENICE, FL 34293 US			Mailing Address 4195 SOUTH TAMiami TRAIL PMB #173 VENICE, FL 34293 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2194084	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANTARES GROUP, INC. 4195 S TAMiami TRAIL, PMB# 173 VENICE, FL 34293				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, MIELECKI		NAME		
STREET ADDRESS	1259 HOTSPRINGS POINT		STREET ADDRESS		
CITY - ST - ZIP	ENGLEWOOD, FL 34223		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, WILLIAM		NAME		
STREET ADDRESS	1059 IDAHO AVE		STREET ADDRESS		
CITY - ST - ZIP	CAPE MAY, NJ 08254		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DENMAN, JOHN		NAME	Schwietz, Joseph	
STREET ADDRESS	27159 WEST RIVER RD		STREET ADDRESS	6561 North Shore Trail	
CITY - ST - ZIP	GROSSE ILE, MI 48138		CITY - ST - ZIP	Forest Lake, MN 55025	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHAFER, THOMAS		NAME		
STREET ADDRESS	15516 ALSASK CIR		STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE, FL 33981		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WERTHMAN, GENE		NAME		
STREET ADDRESS	2745 SIGNATURE CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	PINCKNEY, MI 481698169		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			4/8/08 941-473-9883		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		