

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0051347

**DOCUMENT # 768680**

1. Entity Name

**EL GALEON BY THE SEA CONDOMINIUM ASSOCIATION, INC.**

04-11-2002 90036 007 \*\*\*\*61.25

Principal Place of Business <b>1760 GULF BLVD ENGLEWOOD FL 34223-5730</b>	Mailing Address <b>1760 GULF BLVD ENGLEWOOD FL 34223-5730</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2799243</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLS, KATHLEEN**  
**1760 GULF BLVD #501**  
**ENGLEWOOD FL 34223**

**RECEIVED FEB - 1 2002**

7. Name and Address of New Registered Agent

Name  
**Antares Group, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4284 Sunburst Ave.**  
 City  
**North Port** **FL** Zip Code  
**34286**

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]* **03.29.02**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRUNS, NORB</b> <b>1201 EDGECLIFF PT. SUITE 1163</b> <b>CINCINNATI OH 45206</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>BENNETT, GEORGE</b> <b>388 CARDINAL DR</b> <b>BLOOMINGDALE IL 60109</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>WILSON, THOMAS</b> <b>420 W. OAK ST.</b> <b>ARCADIA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALMSTADT, DENNIS</b> <b>285 GLEN EAGLES WAY</b> <b>HIRAM GA 30141</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>FUSSELL, DON</b> <b>5540 CONNELL ROAD</b> <b>PLANT CITY FL 33567</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>MILLS, KATHY</b> <b>1760 GULF BLVD.</b> <b>ENGLEWOOD FL 34223</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 like empowered.

SIGNATURE: *[Signature]* **George Bennett** **02/01/02** **941-429-8694**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)