


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 768680

1. Entity Name
EL GALEON BY THE SEA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1760 GULF BLVD ENGLEWOOD, FL 34223-5730	Mailing Address C/O ANTARES GROUP, INC. PO BOX 8065 NORTH PORT, FL 34287
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2799243	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

ANTERES GROUP, INC.
12497 S. TAMiami TRAIL, STE. 2
NORTH PORT, FL 34287

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHNSTON, KEN GENERAL DELIVERY LAUREL, ONTARIO LON 1 LO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSTON, MARG GENERAL DELIVERY LAUREL, ONTARIO LON 1LO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOSSER, ROLAND 958 JEFFERY ST. BOCA RATON, FL 334874179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUSSELL, DON 5540 CONNELL ROAD PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARBROUGH, TOM 2401 KAREN DR. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPP, DONALD 1167 GENEVA RD. BEAVERCREEK, OH 45434

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02/28/05 08:00 AM

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: *Don Fossell* *Don Fossell* 02.19.05 944-429-8695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #