


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

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90078 030 ****61.25

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
--	---



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 4195 S. Tamiami Trail PMB #173 Venice, FL 34293	4. FEI Number 59-2799243	Applied For <input type="checkbox"/> Not Applicable
Country	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent ANTARES GROUP, INC. 12497 S. TAMIAAMI TRAIL, STE. 2 NORTH PORT FL 34287	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
---	--

RECEIVED JAN 28 2006

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 Cynthia C. Krumewacker DATE 02.01.06
NOTE: Registered Agent signature required when re-registering	

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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 NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHNSTON, KEN GENERAL DELIVERY LAUREL, ONTARIO LON 1 LO CA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSTON, MARG GENERAL DELIVERY LAUREL, ONTARIO LON 1 LO CA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOSSER, ROLAND 958 JEFFERY ST. BOCA RATON FL 33487-4179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUSSELL, DON 5540 CONNELL ROAD PLANT CITY FL 33567	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARBROUGH, TOM 2401 KAREN DR. PLANT CITY FL 33566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Milo Macko II 1445 Woodbridge Drive Hamilton, OH 45013 Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPP, DONALD 1167 GENEVA RD. BEAVERCREEK OH 45434	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 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: **Don Fussell** **2-2-06 941-408-8739**