

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000007346**

1. Entity Name  
**EAU GALLIE OFFICE CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business  
**3490 KENT DRIVE  
MELBOURNE, FL 32935**

Mailing Address  
**3490 KENT DRIVE  
MELBOURNE, FL 32935**



04282008 No Chg-NP

CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3536083**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BORENGASSER, MARCUS  
3490 KENT DRIVE  
MELBOURNE, FL 32935**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000937772  
05/27/08-80064-004 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BORENGASSER, MARCUS 3490 KENT DRIVE MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRANDON, THOMAS R 1800 WEST HIBISCUS BLVD., SUITE 112 MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Marcus Borengasser* **Marcus Borengasser** 4/28/08 (321) 242-6336