


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N01612 1. Entity Name THE GALLEON RESORT CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 617 FRONT STREET KEY WEST, FL 33040	Mailing Address 617 FRONT STREET KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2512207	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

LETSCHERT, TRUDO
1510 S. TUTTLE AVE.
SARASOTA, FL 34239

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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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTENBROEK, HENK 1510 S. TUTTLE AVE. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LETSCHERT, TRUDO 1510 S TUTTLE AVENUE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, RALPH RT 4 BOX 146E SUMMERLAND KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SMITH, ROY B 1510 S TUTTLE AVENUE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRAGUE, MARY JANE 6277 BARNSIDE DRIVE CANAL WINCHESTER, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/28/05-80114-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #