

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

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90054 007 \*\*\*\*61.25

**DOCUMENT # N01612**

1. Entity Name  
**THE GALLEON RESORT CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business  
**617 FRONT STREET  
KEY WEST, FL 33040**

Mailing Address  
**617 FRONT STREET  
KEY WEST, FL 33040**

**40068270**



04092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2512207</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

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

**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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 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	D WRIGHT, BARBARA 30 SAILFISH PT MANTEO, NC 27954
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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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 #

*Trudo Letschert* 4/09/08 941-366-9573