

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

2/

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90052 028 \*\*\*\*61.25

**DOCUMENT # N09006**

**1. Entity Name**

**GALLEON MARINA ASSOCIATION, INC.**



**Principal Place of Business**

**1510 S TUTTLE AVE  
SARASOTA, FL 34239 US**

**Mailing Address**

**1510 S TUTTLE AVE  
SARASOTA, FL 34239 US**

**DO NOT WRITE IN THIS SPACE**



01292007 No Chg-NP

CR2E037 (4/06)

**4. FEI Number**

**06-1207000**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

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

**MAGLICH, DAVID  
1515 RINGLING BOULEVARD  
TENTH FLOOR  
SARASOTA, FL 34236**

**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, 2007**

**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  
KLEINMAN, TOM  
109 DUVAL STR  
KEY WEST, FL**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**PDT  
LETSCHERT, TRUDO  
1510 S. TUTTLE AVENUE  
SARASOTA, FL**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**VPDS  
SMITH, ROY B.  
1510 S TUTTLE AVE  
SARASOTA, FL**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**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 #