

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11307

FILED
Apr 30, 2006
Secretary of State

Entity Name: GALLEON BAY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994

New Principal Place of Business:

2440 SE FEDERAL HWY
SUITE V
STUART, FL 34994

Current Mailing Address:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994

New Mailing Address:

2440 SE FEDERAL HWY
SUITE V
STUART, FL 34994

FEI Number: 65-0056477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORTE, LORRAINE H
1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US

Name and Address of New Registered Agent:

ON ACCOUNT, INC.
2440 SE FEDERAL HWY
SUITE V
STUART, FL 34994 US

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.

SIGNATURE: NICHOLAS S VASSALOTTI

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARSHALL, PAT
Address: 631 US HWY # 1 STE 303
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VD () Delete
Name: SHAW, HOWARD
Address: 1145 NE BOURBON DR
City-St-Zip: STUART, FL 34996

Title: SD () Delete
Name: FRICK, KAREN
Address: 21 PALM ROAD
City-St-Zip: SEWELL'S POINT, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARSHALL, PAT
Address: 103 S US HWY ONE, SUITE 5A
City-St-Zip: JUPITER, FL 33477

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT MARSHALL

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date