

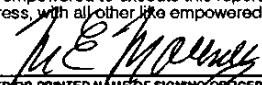


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90197 003 ****61.25

DOCUMENT # N11828 1. Entity Name EAU GALLIE HARBOUR CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 905 NORTH HARBOR CITY BOULEVARD MELBOURNE, FL 32935			Mailing Address 905 NORTH HARBOR CITY BOULEVARD MELBOURNE, FL 32935		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 510432			
City & State		City & State MELBOURNE Beach FL			
Zip 32957-0432		Country USA		4. FEI Number 59-2676449	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RALEA, DAVID 905 NORTH HARBOR CITY BLVD. # 403 MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name WRENN RICHARD Street Address (P.O. Box Number is Not Acceptable) 200 ALIAN LANE City MELBOURNE Beach FL Zip Code 32951		
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  DATE 3/31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALEEL, DAVID 905 N. HARBOR CITY BLVD #403 MELBOURNE, FL 32935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PICKMAN, ROBERT 905 N. HARBOR CITY BLVD #301 MELBOURNE, FL 32935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALO, MICHAEL 905 N. HARBOUR CITY BLVD., #406 MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P MARNEY, M. Ford (MIL) 905 N. HARBOR CITY BLVD # 102 MELBOURNE FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEPARD, JIM 905 N. HARBOR CITY BLVD #201 MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP MERRILL, DONALD 905 N. HARBOR CITY BLVD #105 MELBOURNE FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP ALLERTON, GEORGE 905 N. HARBOR CITY BLVD #201 MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVP CORDILLI, Steve JR 911 N. HARBOR CITY BLVD # 100A MELBOURNE FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINECKER, Bob 905 N HARBOR CITY BLVD # 205 MELBOURNE FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 			Date 3/31/05 Daytime Phone # 321-255-7977		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					