

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 01, 2006**  
**Secretary of State**

DOCUMENT# N96000000785

**Entity Name:** GALLEON COVE HOMEOWNERS' SUB-ASSOCIATION, INC.**Current Principal Place of Business:**538 RIVERSIDE DR.  
PALM BEACH GARDENS, FL 33410 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 31846  
PALM BEACH GARDENS, FL 33420 US**New Mailing Address:****FEI Number:** 65-0715708**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LAWRENCE, CATHY  
538 RIVERSIDE DR.  
PALM BEACH GARDENS, FL 33410 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** TSD ( ) Delete  
**Name:** ALVAREZ, ALISA TREAS  
**Address:** 7035 GALLEON COVE DR.  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418**Title:** PD ( ) Delete  
**Name:** EHSANI-CHIMEH, FARIBA PRES  
**Address:** 7018 GALLEON COVE CIR.  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418**Title:** VP ( ) Delete  
**Name:** FLOWERS, BECKY VP  
**Address:** 7048 GALLEON COVE CIR.  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP (X) Change ( ) Addition  
**Name:** PERENCEVICH, STEPHEN N VP  
**Address:** 7040 GALLEON COVE CIR.  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418**Title:** PD (X) Change ( ) Addition  
**Name:** FLOWERS, BECKY PRES  
**Address:** 7048 GALLEON COVE CIR.  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418

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: ALISA ALVAREZ

TSD

08/01/2006

Electronic Signature of Signing Officer or Director

Date