2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: VP ( ) Delete
Name: PERENCEVICH, STEPHEN N VP
Address: 7040 GALLEON COVE CIR.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: PD ( ) Delete
Name: FLOWERS, BECKY PRES
Address: 7048 GALLEON COVE CIR.
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: ALVAREZ, ALISA
Address: 7035 GALLEON COVE DR.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP (X) Change ( ) Addition
Name: PERENCEVICH, STEPHEN N
Address: 7040 GALLEON COVE CIR.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: P (X) Change ( ) Addition
Name: FLOWERS, BECKY
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 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 ST 05/01/2007

Electronic Signature of Signing Officer or Director — Date