FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088837

1. Corporation Name
RESIDENCE AT GALLEON, INC.

Principal Place of Business	Mailing Address
349 14TH AVENUE SOUTH NAPLES, FLORIDA 33940	349 14TH AVENUE SOUTH NAPLES, FLORIDA 33940

3. Date Incorporated or Qualified: October 23, 1996
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: 25:

2a. Mailing Address
26: c/o Porter,Wright,Morris & Arthur
Suite, Apt. #, etc
27: 4501 Tamiami Trail N.,#400
City & State
28: Naples, Florida
Zip / Country
29: 34103 30: Collier

4. FEI Number: 65-0734513 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILSON, GARY K.
4501 TAMIAMI TRAIL NORTH
SUITE 400
NAPLES, FL 34103

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OUVERSON, THOMAS H.		1.2 NAME		
STREET ADDRESS	711 18TH AVENUE S.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		1.4 CITY-ST-ZIP		
TITLE	D/S/T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMOCK, DAVID E.		2.2 NAME		
STREET ADDRESS	681 KATEMORE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		2.4 CITY-ST-ZIP		
TITLE	D/VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FOLEY, BLAIR		3.2 NAME		
STREET ADDRESS	3106 S. HORSESHOE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

5/1/97

900002164849
-05/05/97--01002--025
***165.00

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: _____ 4/29/97 (941)261-8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #