

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90093 033 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000088837

1. Corporation Name
RESIDENCE AT GALLEON, INC.

Principal Place of Business
**349 14TH AVENUE SOUTH
 NAPLES FL 33940**

Mailing Address
**%PORTER, WRIGHT, MORRIS & ARTHUR
 4501 TAMIAMI TRAIL N. #400
 NAPLES FL 34103**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/23/1996	
4. FEI Number 65-0734513	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 5801 PELICAN BAY BLVD.
22. City & State	27. Suite, Apt. #, etc. SUITE 300
23. Zip	28. City & State NAPLES, FL
24. Country	29. Zip
25. Country	30. USA

9. Name and Address of Current Registered Agent

**WILSON, GARY K
 4501 TAMIAMI TRAIL NORTH
 SUITE 400
 NAPLES FL 33940**

10. Name and Address of New Registered Agent

81. Name WILSON, GARY K.
82. Street Address (P.O. Box Number is Not Acceptable) 5801 PELICAN BAY BLVD.
83. SUITE 300
84. City NAPLES,
85. Zip Code FL 34108-2709

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 _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	OUPERSON, THOMAS H	
STREET ADDRESS	711.18TH AVENUE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SMOCK, DAVID	
STREET ADDRESS	681 KATEMORE LANE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	FOLEY, BLAIR	
STREET ADDRESS	3106 S. HORSESHOE DRIVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas H. Ouperon* **THOMAS H. OUPERON** **REQUIRED** 4/06/99 941-593-2952
 Date Daytime Phone #

CR2E034 (1/98)