FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 15 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768680 (1)

1. Corporation Name

EL GALEON BY THE SEA CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
1760 GULF BLVD ENGLEWOOD FL 34223-5730	1760 GULF BLVD ENGLEWOOD FL 34223-5730

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2799243 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DEPALMA, JOHANNA
1770 GULF BLVD
ENGLEWOOD FL 34223

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	GRONKE, CHESTER	1.2 NAME	FUSSELL, DONNA
STREET ADDRESS	240 HAZELWOOD AVENUE	1.3 STREET ADDRESS	5540 CONNELL RD
CITY-ST-ZIP	MIDDLESEX NJ	1.4 CITY-ST-ZIP	PLANT CITY, FL. 33567
TITLE	DP	2.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	HEISEY, JOHN	2.2 NAME	JOHNSTON, KEN
STREET ADDRESS	705 MICHIGAN AVE	2.3 STREET ADDRESS	GENERAL DELIVERY
CITY-ST-ZIP	EVANSTON IL	2.4 CITY-ST-ZIP	LAUREL, ONT. CANADA LON1L0
TITLE	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, THOMAS	3.2 NAME	
STREET ADDRESS	420 W. OAK ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MALMSTADT, DENNIS	4.2 NAME	
STREET ADDRESS	257G BENNETT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MATAWAN NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MINO JR., RAYMOND	5.2 NAME	
STREET ADDRESS	VINYARDS CC, 237 MONTEREY DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	YARBROUGH, TOM	6.2 NAME	
STREET ADDRESS	2401 KAREN DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John H. Heisey 3-8-95 813-474-2707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN H. HEISEY

0062803