

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 755933 (9)

1. Corporation Name

EL GALEON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1770 GULF BLVD.  
ENGLEWOOD FL 34223-5730

Mailing Address

1770 GULF BLVD.  
ENGLEWOOD FL 34223-5730



3. Date Incorporated or Qualified  
01/16/1981

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-1655328

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEPALMA, JOHANNA  
1770 GULF BLVD  
ENGLEWOOD FL 34223

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD  
NAME VOLLMER, ANNE  
STREET ADDRESS 885 BAY VISTA  
CITY-ST-ZIP ENGLEWOOD FL ☐ DELETE

1.1 TITLE DIRECTOR  
1.2 NAME DEBBIE HEALY  
1.3 STREET ADDRESS 3301 Bayshore Blvd.  
1.4 CITY-ST-ZIP Tampa, FL. 33629 ☐ Change ☒ Addition

TITLE VTD  
NAME PEIRCE, ROBERT  
STREET ADDRESS 203 EDGEWORTH LANE  
CITY-ST-ZIP SEWICKLEY PA ☐ DELETE

2.1 TITLE ASST. SECY.  
2.2 NAME DEBORAH DEPALMA  
2.3 STREET ADDRESS 1765 GULF BLVD.  
2.4 CITY-ST-ZIP ENGLEWOOD, FL 34223 ☐ Change ☒ Addition

TITLE PD  
NAME LIPNICK, STANLEY  
STREET ADDRESS 408 SHERIDAN RD  
CITY-ST-ZIP GLENCOE IL ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME BISHOP, WILLIAM  
STREET ADDRESS 724 ALCALAY  
CITY-ST-ZIP PT CHARLOTTE FL ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AT  
NAME DEPALMA, JOHANNA  
STREET ADDRESS 1770 GULF BLVD  
CITY-ST-ZIP ENGLEWOOD FL ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)