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FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755933** (9)

1. Corporation Name

EL GALEON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1770 GULF BLVD.
ENGLEWOOD FL 34223-5730**

**1770 GULF BLVD.
ENGLEWOOD FL 34223-5730**

3. Date Incorporated or Qualified

01/16/1981

4. FEI Number

59-1655328

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	VOLLMER, ANNE	
STREET ADDRESS	885 BAY VISTA	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PEIRCE, ROBERT	
STREET ADDRESS	203 EDGEWORTH LANE	
CITY-ST-ZIP	SEWICKLEY PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIPNICK, STANLEY	
STREET ADDRESS	408 SHERIDAN RD	
CITY-ST-ZIP	GLENCOE IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BISHOP, WILLIAM	
STREET ADDRESS	724 ALCALAY	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DEPALMA, JOHANNA	
STREET ADDRESS	1770 GULF BLVD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEALY, DEBBIE JOEL	
STREET ADDRESS	3301 BAYSHORE BLVD	
CITY-ST-ZIP	TAMPA FL 33629	

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

SIGNATURE: *[Signature]* 5/10/98 944-4546-2209

CR2E037 (10/97)