

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90023 006 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 768680**

1. Corporation Name

**EL GALEON BY THE SEA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

1760 GULF BLVD  
 ENGLEWOOD FL 34223-5730

Mailing Address

1760 GULF BLVD  
 ENGLEWOOD FL 34223-5730



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/31/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2799243	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
25		30		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

**MILLS, KATHLEEN**  
 1760 GULF BLVD. #501  
 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

*Kathleen Mills*

(NOTE: Registered Agent signature required when reinstating)

3/31/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	YARBROUGH, THOMAS	1.2 NAME	GRONKE, CHESTER
STREET ADDRESS	2401 KAREN DRIVE	1.3 STREET ADDRESS	240 HAZELWOOD AVENUE
CITY-ST-ZIP	PLANT CITY FL 33566	1.4 CITY-ST-ZIP	MIDDLESEX, NJ
TITLE	P	2.1 TITLE	
NAME	HEISEY, JOHN	2.2 NAME	
STREET ADDRESS	1760 GULF BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	D/V
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	VP	4.1 TITLE	
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	
NAME	FUSSELL, DON	5.2 NAME	
STREET ADDRESS	5540 CONNELL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY F	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D/S/T
NAME	MILLS, KATHY	6.2 NAME	
STREET ADDRESS	1760 GULF BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*JOHANNA DEPALMA*

2/25/99

941-473-2742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)