

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90015 047 ****61.25

DOCUMENT # 768680

1. Entity Name

EL GALEON BY THE SEA CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

**1760 GULF BLVD
 ENGLEWOOD FL 34223-5730**

**1760 GULF BLVD
 ENGLEWOOD FL 34223-5753**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2799243

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLS, KATHLEEN
1760 GULF BLVD #501
ENGLEWOOD FL 34223

GULF

Name

Street Address (P.O. Box Number is Not Acceptable)

1760 GULF BLVD #501

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**
 NAME **GRONKE, CHESTER**
 STREET ADDRESS **240 HIZWOOD AVENUE**
 CITY-ST-ZIP **MIDDLESEX NJ 33566**

☐ Delete

TITLE **P**
 NAME **HEISEY, JOHN**
 STREET ADDRESS **1760 GULF BLVD.**
 CITY-ST-ZIP **ENGLEWOOD FL**

☒ Delete

TITLE **DV**
 NAME **WILSON, THOMAS**
 STREET ADDRESS **420 W. OAK ST.**
 CITY-ST-ZIP **ARCADIA FL**

☐ Delete

TITLE **VP**
 NAME **MALMSTADT, DENNIS**
 STREET ADDRESS **257G BENNETT RD**
 CITY-ST-ZIP **MATAWAN NJ**

☐ Delete

TITLE **D**
 NAME **FUSSELL, DON**
 STREET ADDRESS **5540 CONNELL ROAD**
 CITY-ST-ZIP **PLANT CITY FL**

☐ Delete

TITLE **DST**
 NAME **MILLS, KATHY**
 STREET ADDRESS **1760 GULF BLVD.**
 CITY-ST-ZIP **ENGLEWOOD FL 34223**

☐ Delete

TITLE **DP**
 NAME
 STREET ADDRESS **1760 GULF BLVD #512**
 CITY-ST-ZIP **ENGLEWOOD, FL 34223**

☒ Change ☐ Addition

TITLE **DVP**
 NAME **BENNETT, GEORGE**
 STREET ADDRESS **388 CARDINAL DR.**
 CITY-ST-ZIP **BLOOMINGDALE, IL 60108**

☒ Change ☒ Addition

TITLE **D**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **D**
 NAME
 STREET ADDRESS **295 GLEN EAGLES WAY**
 CITY-ST-ZIP **HIRAH, GA 30141**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
 NAME **HARBROUGH, THOMAS**
 STREET ADDRESS **2401 KAREN DRIVE**
 CITY-ST-ZIP **PLANT CITY, FL 33546**

☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/00 941-474-2860

Date

Daytime Phone #

CR2E037 (9/99)