

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90075 049 \*\*\*\*61.25

<b>DOCUMENT # 755933</b> 1. Entity Name EL GALEON CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1770 GULF BLVD. ENGLEWOOD, FL 34223-5730			Mailing Address 1271 BEACH RD ENGLEWOOD, FL 34223		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		04072007 Chg-NP CR2E037 (12/06)
4. FEI Number 59-1655328				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POULAIN, GENEVIEVE CHARLES BRAY 1271 BEACH RD ENGLEWOOD, FL 34223			Name CHARLES BRAY		
1271 BEACH RD ENGLEWOOD, FL 34223			Street Address (P.O. Box Number is Not Acceptable)		
1271 BEACH RD ENGLEWOOD, FL 34223			SAME		
1271 BEACH RD ENGLEWOOD, FL 34223			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Charles H. Bray</i>		CHARLES H. BRAY		4-11-07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCARDLE, SELINA 1141 FOX HILL RD. CHESHIRE, CT 064101840		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VESEY, BARBARA 2215 SW 45TH TERRACE CAPE CORAL, FL 33914		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, GAIL 970 SAN CARLOS CT NE SAINT PETERSBURG, FL 33702		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEGG, RONALD 4141 BAY BEACH LN #4 & 6 FORT MYERS BEACH, FL 33931		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEGG, RONALD 4141 BAY BEACH LN #4 H6 FORT MYERS BEACH, FL 33931		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEGG, RONALD 4141 BAY BEACH LN #4 H6 FORT MYERS BEACH, FL 33931		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEGG, RONALD 4141 BAY BEACH LN #4 H6 FORT MYERS BEACH, FL 33931		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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: <i>Selina H. McArdle</i> 04/11/07 (941) 475-8584					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					