

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768680

FILED
Apr 30, 2009
Secretary of State

Entity Name: EL GALEON BY THE SEA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1760 GULF BLVD
ENGLEWOOD, FL 342235730

New Principal Place of Business:

Current Mailing Address:

PO BOX 7555
NORTH PORT, FL 34290

New Mailing Address:

FEI Number: 59-2799243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BINDER, BRENDA S
1485 FITZGERALD ROAD
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: JOHNSTON, KEN
Address: GENERAL DELIVERY
City-St-Zip: LAUREL, ONTARIO LON 1 LO, CA

Title: D () Delete
Name: JOHNSTON, MARG
Address: GENERAL DELIVERY
City-St-Zip: LAUREL, ONTARIO LON 1LO, CA

Title: D () Delete
Name: BLOSSER, ROLAND
Address: 958 JEFFERY ST.
City-St-Zip: BOCA RATON, FL 334874179

Title: PD () Delete
Name: FUSSELL, DON
Address: 5540 CONNELL ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: SD () Delete
Name: MACKO, MILO III
Address: 1445 WOODBRIDGE DR
City-St-Zip: HAMILTON, OH 45013

Title: TD () Delete
Name: FUSSELL, MARY A
Address: 5540 CONNELL ROAD
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: YARBROUGH, TOM
Address: 2401 KAREN DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN JOHNSTON

VPD

04/30/2009

Electronic Signature of Signing Officer or Director

Date