FILED

261634 **DOCUMENT #**

1. Entity Name

GALT PLAZA APARTMENTS, INC.

Principal Plac	e of Business		Mailing Address								
3200 N E 36 ST			3200 N E 36 ST								
FORT LAUDERDALE FL 33308			FORT LAUDERDALE FL 33308								
									1111 1 111 1		
2. Principal F	Place of Busine	ess	3. Mailing Address							i i i i i i i i i i i i i i i i i i i	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	ie .		City & State			4	FEI Number		I IAn	plied For	
t,			ony a otato			•	59-1027000			t Applicable	
Zip Country			Zip Country			5.	5. Certificate of Status Desired Sa.75 Additional Fee Required				
٠,	6. Name	and Address of Current R				7. I	7. Name and Address of New Registered Agent				
					Name						
POLIAKOI			Street Address			ss (P.O. 8	Box Number is Not Acceptable)				
		AKOFF, P.A.			-						
	RLING ROAD								•		
FT LAUDE	ERDALE FL	33312		City			FL	Zip Code	•		
8. The above	named entity	submits this statement for t	the purpose of changing its	register	ed office or regis	stered ag	gent, or both, in the State of Florida.				
	,		, ,	Ū	•						
SIGNATURE											
	Signature, typed of	or printed name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signature requ	uired when re	einstating) D.	ATE			
		ble to satisfy its Intangible		FILE NOW!!! FEE IS \$150.00			10. Election Campaign Financing	,	\$5.0	0 May Be	
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta				Trust Fund Contribution.			to Fees	
11,		OFFICERS AND D		12.	opartinoint or a		DDITIONS/CHANGES TO OFFICERS	AND D	RECTORS	S IN 11	
TITLE	P	OTTIOERO 7 IND B	☐ Delete	TITL		, , ,	DEFICION OF INTIMAZO TO OFF TOZIFIC		Change	Addition	
NAME	HAZEL, RO	OLAND	Duite	NAM							
STREET ADDRESS	3200 NE 3	6TH STREET			ET ADDRESS						
CITY-ST-ZIP	FORT LAU	DERDALE FL 33308		CITY	-ST-ZIP						
TITLE	T		☐ Delete	TITL] Change	Addition	
NAME	CISSONE,			NAM	l l						
STREET ADDRESS CITY-ST-ZIP	3200 NE 3	RDALE FL 33308	•		ET ADDRESS -ST-ZIP						
TITLE	T	NDALL I L 30000	Delete	TITL						☐ Addition	
NAME	VINCENT,	KENNETH		NAM	•			_	., ,	_	
STREET ADORESS	3200 NE 3			STRE	ET ADDRESS			•			
CITY-ST-ZIP	FORT LAU	DERDALE FL 33308		CITY	-ST-ZIP						
TITLE	ВМ		☐ Delete	TITL					☐ Change	☐ Addition	
NAME	SASSO, JO			NAM							
STREET ADDRESS CITY-ST-ZIP	3200 NE 3	DERDALE FL 33308			ET ADDRESS -ST-ZIP						
TITLE	BM	DEHDALE I E 30300	☐ Delete	TITL				—	Change	☐ Addition	
NAME	PARENT, N	MARY	rm Delete	NAM	l l			_	_ onango		
STREET ADDRESS		6TH STREET		STRE	ET ADDRESS						
CITY-ST-ZIP		DERDALE FL 33308		CITY	-ST-ZIP						
TITLE	ВМ		☐ Delete	TITL					Change	Addition	
NAME	TODD, HAI			NAM							
STREET ADDRESS	3200 NE 3				ET ADDRESS						
CITY-ST-ZIP	rectaujil	RDALE EL 33308		GILY	-ST-ZIP						

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Daytime Phone #