

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90041 006 ***150.00

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1. Entity Name
GALT PLAZA APARTMENTS, INC.



40044945

Principal Place of Business
3200 N E 36 ST
FORT LAUDERDALE, FL 33308

Mailing Address
3200 N E 36 ST
FORT LAUDERDALE, FL 33308



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

03032008 Chg-P CR2E034 (12/06)

Zip Country

Zip Country

4. FEI Number
59-1027000

Applied For
Not Applicable

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

POLIAKOFF, GARY
C/O BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FT LAUDERDALE, FL 33312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BM
SMITH, ROBERT
3200 NE 36 ST
FORT LAUDERDALE, FL 33308

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BM
MARTINCIC, BOB
3200 NE 36 ST
FORT LAUDERDALE, FL 33308

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TR
HOFFMAN, RICHARD
3200 NE36 ST.
FORT LAUDERDALE, FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BM
HEPNER, ROBERT
3200 NE 36 ST
FT LAUD FL 33308

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BM
CORGLIANO, LOUIS
3200 NE 36 ST
FORT LAUDERDALE, FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BM
HYATT, SHELDON
3200 NE 36 ST
FT LAUD FL 33308

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
HITZ, CORINNE
3200 NE 36 ST.
FORT LAUDERDALE, FL 33308

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BALESTRACCI, SANDRA
3200 NE 36 ST
FORT LAUDERDALE, FL 33308

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BLANKEN, MARY LOU
3200 NE 36 ST
FORT LAUDERDALE, FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BM
SEELIG, LEONARD
3200 NE 36 ST
FT LAUD FL 33308

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BM
LARSON, DON
3200 NE 36 ST
FT LAUDERDALE, FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Lou Blanken Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/08
Date

954-564-6328
Daytime Phone #