

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 770315 (0)
1. Corporation Name
GALT OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.

95 FEB 27 PM 3:11

Principal Place of Business Mailing Address
3800 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308 **3800 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country
24

3. Date Incorporated or Qualified **09/20/1983** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2343612** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DENUNCIO, TONY
3800 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	SHAPIRO, LEE
STREET ADDRESS	3800 GALT OCEAN DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	VP
NAME	LAVALLE, GARY
STREET ADDRESS	3800 GALT OCEAN DR.
CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	S
NAME	WHYTE, TOM
STREET ADDRESS	3800 GALT OCEAN DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	D
NAME	DR. G. LINES AMERICO BUONOMO
STREET ADDRESS	3800 GALT OCEAN DRIVE 3800 GALT OCEAN DR. FT. LAUDERDALE FL FT. LAU
CITY-ST-ZIP	
TITLE	PD
NAME	IERACI, PIO
STREET ADDRESS	3800 GALT OCEAN DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DIRECTOR AMERICO BUONOMO
43 STREET ADDRESS	3800 GALT OCEAN DR. FT. LAU.
44 CITY-ST-ZIP	FT. LAUD, FL.
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] **PRESIDENT** **FEB 20/95** **388-561-9795**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Original From #)