FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 770315

(0)

GALT OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.

GALT O	CEAN CLUB CONDOMINIO	IVI AGGOGIATION, INC	· · · · · · · · · · · · · · · · · · ·					
Principal Place of Business		Mailing Address				ite demit Seder S1841 Angil S:	1614 81811 1881	
3800 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308		3800 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308						
					3. Date Incorporated or Qualified 09/20/1983	3a. Date of Last F 02/27/19		
Principal Place of Business 21		2a. Mailing Address 26			4. FEt Number 59-2343612	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required		
City & State		City & Stale			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country Zip 30 30 3 3 3 3 3 3 3		Country 30		Florida Statutes	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent		
			81	Name	10. Name and Address of New Ne	gistered Agent		
DENIMO	O, TONK VALETY	LITVAK.			0000			
3800 GAL	T OCEAN DRIVE		82	Street	Address (P.O. Box Number is Not Acceptable	7		
FT. LAUD	ERDALE FL 33308		83					
•			84	City		FL 85 Zip	Code	
or registere	o the provisions of Sections 617.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Sect	da. Such change was authoriz	ed by the corp	named co oration's	orporation submits this statement for the purp board of directors. I hereby accept the appoi	ose of changing its re ntment as registered	egistered office agent. Lam	
SIGNATURE _						CATE		
12.	Signature, typed or printed name of registered agent OFFICERS AN		13.	t signature r	equired when reinstating) ADDITIONS GHANGES TO OFFIC	DATE DERS AND DIRECTOR	RS IN 12	
TOTLE	OFFICERS AN	DELETE 1			7. Land State of the Control of the	Change	Addition	
NAME	SHAPIRO, LEE		1.2 NAME					
STREET ADDRESS	3800 GALT OCEAN DRIVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.4 CITY - S	i - ZIP				
TETLE	VP □DELETE		2 1 TITLE		VP	Change	☐ Addition	
NAME	LAVALLE, GARY		2.2 NAME		ARCL LOWE 800 GAITOCEAN OF FLAUDER DATE: FL 33308'			
STREET ADDRESS	3800 GALT OCEAN DR.		2 3 STREET AL		3800 GV/+OCEVIO DI	DOGULOCENO DI		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		2 4 CiTY - ST - Zif		Et LAMELDAIE. Fr	_ 5550 6	Addition	
TITLE			3 1 TITLE 3 2 NAME	•			Addition	
NAME	3800 GALT OCEAN DRIVE		3 3 STREET	AUDDECC				
STREET ADDRESS	FT. LAUDERDALE FL 33308		34 CiTY-					
CITY-ST-ZIP TITLE			41 THILE	31-211		☐ Change	Addition	
NAME	BUONOMO, AMERICO	_	4 2 NAME					
STREET ADDRESS	3800 GALT OCEAN DR., #312	2	43 STHEET	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY - S	ST-ZIP				
TITLE	PD	DELETE	5 1 TITLE		40000185 -06/06/360110	Change	Addition	
NAME	IERACI, PIO		5 2 NAME		-06/06/960110			
STREET ADDRESS	3800 GALT OCEAN DRIVE		5 3 STREET	ADDRESS	***61.25	,0 010		
CITY-ST-ZIP			5 4 CITY - 9	ST - ZIP		Channe	ST Addition	
TITLE		DELETE	61 TITLE			□ change	Addition	
NAME			6.2 NAME	E ADDDCCC		£`,S	~	
STREET ADDRESS			6 3 STREET			E. P		
City-St-ZiP	v certify that the information supplied	with this filing is voluntarily furn	6 4 CITY - S nished and doe	s not our	Lalify for the exemption stated in Section 119.0	07(3)(k), Florida Statut	es. I further	
certify that	t the information indicated on this sou	ual report or supplemental and pration or the receiver or truste	ual report is tri se en nowered	ue and a	ocurate and that my signature shall have the steethis report as required by Chapter 617, Flo	same legal effect as it.	rmade under	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-561-9795