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FILED
Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
3800 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308 3800 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308-7657

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/20/1983	06/06/1996
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-2343612	Not Applicable
24. Zip		29. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LITVAK, VALERY 3800 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, LEE	1.2 NAME	SHAPIRO, LEE
STREET ADDRESS	3800 GALT OCEAN DRIVE	1.3 STREET ADDRESS	3800 GALT OCEAN DR #103
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOEW, CAROL	2.2 NAME	TAYLOR, BRUCE
STREET ADDRESS	3800 GALT OCEAN DR.	2.3 STREET ADDRESS	3800 GALT OCEAN #1210
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	B <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHYTE, TOM	3.2 NAME	WHYTE, TOM
STREET ADDRESS	3800 GALT OCEAN DRIVE	3.3 STREET ADDRESS	3800 GALT OCEAN DRIVE #303
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUONOMO, AMERICO	4.2 NAME	Elizabeth Rust
STREET ADDRESS	3800 GALT OCEAN DR., #312	4.3 STREET ADDRESS	3800 GALT OCEAN DRIVE #707
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IERACI, PIO	5.2 NAME	IERACI, PIO
STREET ADDRESS	3800 GALT OCEAN DRIVE	5.3 STREET ADDRESS	3800 GALT OCEAN DRIVE #1011
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 this 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.

CR2E037 (9/96)

4-21-97