## FILE NOW: FILING FEE IS \$61.25

 NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 770315

1. Corporation Name

GALT OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.

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

3800 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308

## FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90114 030 \*\*\*\*61.25

|--|

										•	
2. Principal Pl	ace of Business	2a.	- Mailing Address				Date Incorporated or Qu	alifed		-	
21		26	J			-	09/20/1983				
Suite, Apt.	#, etc.	1,	Suite, Apt. #, etc.				4 FEI Number		Ap	lied For	
22		27			7.2.2.2.2		59-2343612		No	Applicable	
City & State	9		City & State				5. Certifcate of Status Des	ired 🔲	\$8.75 A		
23	<u></u>	28						<u>-                                      </u>		<u>-</u>	
Zip	Country	Щ	Zip	Cour	itry		6. Election Campaign Fina	ncing 🖂	\$5.00		
24	25	29					Trust Fund Contribution Added to Fees  10. Name and Address of New Registered Agent				
	9. Name and Address of Current	Regis	stered Agent		81 Name		Name and Address of	New Registered	Ayent		
				1	o i Name	$T_S$	FAEL GONZ	ALEZ			
CEPERO, ALDO				82 Street Address (P.O. Box Number is Not Acceptable)							
	T OCEAN DRIVE		<u>  38∞</u>			D GAIL OCEAN DRIVE					
FT. LAUDE	ERDALE FL 33308				83						
	-			ŀ	84 City		T 1800-1	<u> </u>	85 Zip (	ode	
					1	OR	il Lauverd	AIE FL	-     ජರ	300 <u> </u>	
11. Pursuant	to the provisions of Sections 617.0502	and 6	317.1508, Florida Statutes,	the ab	ove-named	corpor	ration submits this statement	for the purpose of	changing its	registered sistered	
office or re agent. I a	to the provisions of Sections 617.0502 egistered agent or both, in the State of m familiar with, and accept the obligation	ntion intsof	da. Such change was authorida f, Section 617.0503, Florida	Statu	tes.	DIAHON	is board of directors. Thereby	accept the appe		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	- h. 11) 1/0 1										
SIGNATURE	Signature, typed or printed name of registered spent	notitie	if applicable. (NOTE: Reg		Agent signature r	equired w	when reinstating)	DATE			
12.	OFFICERS AND	<b>D</b> IRI		13.			ADDITIONS/CHANGES	TO OFFICERS AN			
TITLE	D	Į.	☐ DELETE	1.1 TITI	-E				☐ Change	☐ Addition	
NAME	SHAPIRO, LEE	•		1.2 NA	ΜE			, .	`. `		
STREET ADDRESS	3800 GALT OCEAN DR, #103			1.3 STF	REET ADDRESS		•				
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CIT	Y-ST-ZIP				<u>-</u>		
TITLE	D		☐ DELETE	2.1 1111	Æ	•		·• • • • -	Change	☐ Addition	
NAME	TAYLOR, BRUCE			2.2 NAJ	ME					•	
STREET ADDRESS	3800 GALT OCEAN DR, #1210			2.3 STF	REET ADDRESS	ł	•				
CITY-ST-ZIP	FT. LAUDERDALE FL		_	2.4 CIT	ry-st-zip						
TITLE	S		DELETE	3.1 TITI	LE		CRETARY	<del></del>	Change	☐ Addition	
NAME	WHYTE, TOM		^	3.2 NA	ME	AR	IDEN ARNOLD	مماد	<b>/</b> }		
STREET ADDRESS	3800 GALT OCEAN DR. #303			3.3 STI	REET ADDRESS	351	OGAIT OCEAN	DB #309			
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4. CIT	ry-St-ZIP	57	LAUDERDA E F	_ "			
TITLE	D		☐ DÉLETE	4,1 TIT					☐ Change	Addition	
NAME	RUST, ELIZABETH			4. 2 NA	ME		•				
STREET ADDRESS	3800 GALT OCEAN DR. #707			4.3 STI	REET ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL				Y-ST-ZIP	1					
TITLE	PD		☐ DELETE	5.1 TIT					Change	Addition	
NAME	IERACI, PIO			5.2 NA	ME		•				
STREET ADDRESS	1			5.3 STI	REET ADDRESS	1					
CITY-ST-ZIP	FT. LAUDERDALE FL			5.4 CIT	Y-ST-ZIP		**			•	
TITLE	11. LAUDLIDALL IL		☐ DELETE	6.1 TIT	LE	ľ			☐ Change	Addition	
NAME				6.2 NA	ME						
STREET ADDRESS				6.3 ST	REET ADDRESS	_					
SINCE I ADDRESS	<u> </u>	-		i	Y-ST-712						

14. 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 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 ampowered 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27 /99 981-561 9795

Daytime Phone

37 (11/98)