

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90045 042 ****61.25

DOCUMENT # 770315

1. Entity Name
GALT OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2343612** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GONZALEZ, ISRAEL L
3800 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
 Name **ISRAEL GONZALEZ JR.**
 Street Address (P.O. Box Number is Not Acceptable)
3800 GALT OCEAN DRIVE
 City **Ft Lauderdale** **FL** Zip Code **33308**

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.

SIGNATURE **ISRAEL GONZALEZ JR** **5-11-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, LEE 3800 GALT OCEAN DR, #103 FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition LEE SHAPIRO 3800 GALT OCEAN DR #103 FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, BRUCE 3800 GALT OCEAN DR, #1210 FT. LAUDERDALE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tom Whyte 3800 GALT OCEAN DR #303 Ft Lauderdale, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARDEN, ARNOLD 3800 GALT OCEAN DR #809 FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUST, ELIZABETH 3800 GALT OCEAN DR, #707 FT LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Elizabeth Rust 3800 GALT OCEAN DR Ft Lauderdale, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IERACI, PIO 3800 GALT OCEAN DR, #1011 FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 617, 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: **PIO R. IERACI PRES** **5/11/00** **954-561-9795**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)