

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90688 012 \*\*\*\*61.25

DOCUMENT # **770315**

1. Entity 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	
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 <b>59-2343612</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ISRAEL I GONZALEZ JR</b> 3800 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

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: *[Signature]* **ISRAEL GONZALEZ JR** ADMINISTRATIVE ASSISTANT  
 DATE: **5-21-01**

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	<b>TD</b> <b>SHAPIRO, LEE</b> 3800 GALT OCEAN DR, #103 FORT LAUDERDALE FL 33308 <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	<b>S</b> <b>ARDEN, ARNOLD</b> 3800 GALT OCEAN DR #809 FORT LAUDERDALE FL 33308 <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	<b>PD</b> <b>RUST, ELIZABETH</b> 3800 GALT OCEAN DR, #707 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BIANCO, Elizabeth</b> 3800 GALT OCEAN DR #707 FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>IERACI, PIO</b> 3800 GALT OCEAN DRIVE #609 FORT LAUDERDALE FL 33308 <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	<b>S</b> <b>ARDEN, ARNOLD</b> 3800 GALT OCEAN DRIVE #1612 FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>MARY SHORT</b> 3800 GALT OCEAN FORT LAUDERDALE, FL 33304 <input checked="" 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

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *[Signature]* **PIO R. IERACI VPD** 2/7/02 954-5614795  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Attachment



# 770315  
116549

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 27, 2002

GALT OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.  
3800 GALT OCEAN DRIVE  
FT. LAUDERDALE, FL 33308

Subject: GALT OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.



GALT OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.  
BUSINESS CHECKING  
3800 GALT OCEAN DRIVE  
FT. LAUDERDALE, FL 33308  
\*\*\*\* SIXTY ONE AND 25/100 DOLLARS

FIRST SOUTHERN BANK  
BOCA RATON, FL 33433

63-1289/670

[Redacted] 3932

CHECK

DATE  
01/21/02

AMOUNT  
\$61.25\*\*\*\*\*

Security features. Details on back.

DEPARTMENT OF REVENUE  
TALLAHASSEE, FL 32399-0128

*[Signature]*  
AUTHORIZED SIGNATURE

PAY TO THE ORDER OF