

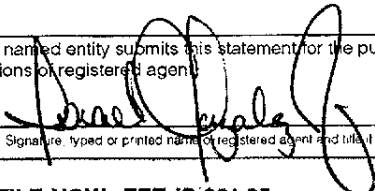
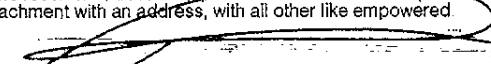


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 770315</b> 1. Entity Name <b>GALT OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>3800 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308</b>		Mailing Address <b>3800 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		 1st MOORE CR2E037 (10/04)	
		4. FEI Number <b>59-2343612</b> Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, ISRAEL JR 3800 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		<b>ISRAEL GONZALEZ JR</b> DATE <b>2-28-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	TD	TITLE	
NAME	SHAPIRO, LEE <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3800 GALT OCEAN DR, #103	STREET ADDRESS	U00000249972
CITY- ST- ZIP	FORT LAUDERDALE FL 33308	CITY- ST- ZIP	03/03/05-80026-006 61.25
TITLE	D	TITLE	
NAME	SHORT, MARY <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3800 GALT OCEAN DR. #PH2	STREET ADDRESS	
CITY- ST- ZIP	FORT LAUDERDALE FL 33308	CITY- ST- ZIP	
TITLE	SD	TITLE	
NAME	SIEGEL, HENRIETTA <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3800 GALT OCEAN DR. #PH 8	STREET ADDRESS	
CITY- ST- ZIP	FORT LAUDERDALE FL 33308	CITY- ST- ZIP	
TITLE	PD	TITLE	
NAME	IERACI, PIO <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3800 GALT OCEAN DRIVE #609	STREET ADDRESS	
CITY- ST- ZIP	FORT LAUDERDALE FL 33308	CITY- ST- ZIP	
TITLE	VPD	TITLE	
NAME	BENSON, JOEL <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3800 GALT OCEAN DR. #806	STREET ADDRESS	
CITY- ST- ZIP	FORT LAUDERDALE FL 33308	CITY- ST- ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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.			
<b>SIGNATURE:</b> 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		Date Daytime Phone #	