
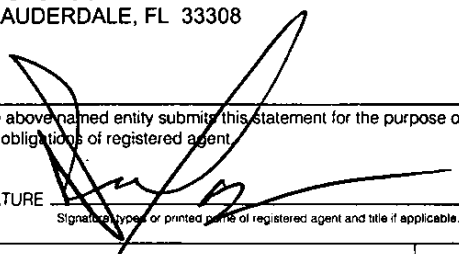


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 13, 2008 8:00 am**  
**Secretary of State**

08-13-2008 90002 041 \*\*\*\*61.25

<b>DOCUMENT # 770315</b>					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GONZALEZ, ISRAEL L 3800 GALT OCEAN DRIVE FT. LAUDERDALE, FL 33308  				Name <b>RAMON CAMARENA</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>3800 GALT OCEAN DRIVE</b>	
				City <b>FT. LAUDERDALE</b>	
				State <b>FL</b>	
Zip Code <b>33308</b>					
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				8-11-08	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE.				(NOTE: Registered Agent signature required when reinstating)	
DATE				DATE	
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, MARTIN			NAME	
STREET ADDRESS	3800 GALT OCEAN DR #910			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORT, MARY			NAME	<b>short, mary</b>
STREET ADDRESS	3800 GALT OCEAN DR. #PH2			STREET ADDRESS	<b>3800 GALT OCEAN DR #PH2</b>
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308			CITY-ST-ZIP	<b>Fort Lauderdale, FL 33308</b>
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCLAFANI, JOSEPH			NAME	<b>Wallerich, George</b>
STREET ADDRESS	3800 GALT OCEAN DR #1210			STREET ADDRESS	<b>3800 GALT OCEAN DRIVE</b>
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308			CITY-ST-ZIP	<b>Fort Lauderdale, FL 33308</b>
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IERACI, PIO			NAME	
STREET ADDRESS	3800 GALT OCEAN DRIVE #609			STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308			CITY-ST-ZIP	
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIANCO, ELIZABETH			NAME	<b>SD Siegel, Henriette</b>
STREET ADDRESS	3800 GALT OCEAN DR. #806			STREET ADDRESS	<b>3800 GALT OCEAN DR #PH8</b>
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308			CITY-ST-ZIP	<b>Fort Lauderdale, FL 33308</b>
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
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 exemptions contained in Chapter 119, 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:				8-11-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

40113390



08012008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2343612 Applied For Not Applicable

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