

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90176 018 \*\*\*\*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

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

Zip Country

Zip Country

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, ISRAEL G  
3800 GALT OCEAN DRIVE  
FT. LAUDERDALE FL 33308**

Name  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Israel Gonzalez*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-27-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SHAPIRO, LEE 3800 GALT OCEAN DR, #103 FORT LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ARDEN, ARNOLD 3800 GALT OCEAN DR #809 FORT LAUDERDALE FL 33308</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BLANCO, ELIZABETH 3800 GALT OCEAN DR, #707 FORT LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD IERACI, PIO 3800 GALT OCEAN DRIVE #609 FORT LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHORT, MARY 3800 GALT OCEAN FORT LAUDERDALE FL 33308</b>	<input checked="" type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SHORT, MARY 3800 GALT OCEAN DR #PH2 FORT LAUDERDALE, FL 33308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ELIZABETH BLANCO 3800 GALT OCEAN DR #706 # LAUDERDALE, FL 33308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DENSON, JOEL 3800 GALT OCEAN DR #806 FORT LAUDERDALE, FL 33308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Elizabeth Blanco*

**3-27-03 954-569795**

CR2E037 (10/02)