

**2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 261634

**Entity Name:** GALT PLAZA APARTMENTS, INC.**Current Principal Place of Business:**3200 N E 36 ST  
FORT LAUDERDALE, FL 33308**Current Mailing Address:**3200 N E 36 ST  
FORT LAUDERDALE, FL 33308**FEI Number:** 59-1027000**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.  
1 EAST BROWARD BLVD #1800  
FORT LAUDERDALE, FL 33301 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCHWARZ, LARRY  
Address        3200 NE 36 ST  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            SECRETARY  
Name            MOELLER, DAVID  
Address        3200 NE36 ST.  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            DIRECTOR  
Name            LEON, LYNETTE  
Address        3200 NE 36 ST  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            TREASURER  
Name            GIESE, PAT  
Address        3200 NE 36 ST  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            DIRECTOR  
Name            GIRONI, JIM  
Address        3200 NE 36 ST  
City-State-Zip: FT LAUDERDALE FL 33308

Title            VP  
Name            BIRD, JOHN  
Address        3200 NE 36 STREET  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            DIRECTOR  
Name            JOHNSON, TERRY  
Address        3200 NE 36 STREET  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            DIRECTOR  
Name            SEELIG, LEN  
Address        3200 NE 36 STREET  
City-State-Zip: FORT LAUDERDALE FL 33308

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LARRY SCHWARZ****PRESIDENT****05/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	BEDOUKIAN, JANICE
Address	3200 N E 36 ST
City-State-Zip:	FORT LAUDERDALE FL 33308