

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 715475

1. Entity Name

GALT MILE COMMUNITY ASSOCIATION, INC.



Principal Place of Business

3400 GALT OCEAN DR.
SOUTHPOINT - OFFICE
FT LAUDERDALE FL 33308
US

Mailing Address

C/O ROBERT ROZEMA
3400 GALT OCEAN DR.
FT LAUDERDALE FL 33308
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLICKFIELD, LEAH S.
3750 GALT OCEAN DRIVE (606)
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GILL, JAMES	
STREET ADDRESS	4280 GALT OCEAN DR.	
CITY - ST - ZIP	FT LAUDERDALE FL 33308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	QUINLAN, HELEN	
STREET ADDRESS	3850 GALT OCEAN DR	
CITY - ST - ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	IERACI, PIO	
STREET ADDRESS	3800 GALT OCEAN DRIVE	
CITY - ST - ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTTMAN, ROSE	
STREET ADDRESS	4020 GALT OCEAN DR	
CITY - ST - ZIP	FT LAUDERDALE FL 33308	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROZEMA, ROBERT	
STREET ADDRESS	3400 GALT OCEAN DR.	
CITY - ST - ZIP	FT LAUDERDALE FL 33308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GLICKFIELD, LEAH	
STREET ADDRESS	3750 GALT OCEAN DR.	
CITY - ST - ZIP	FT LAUDERDALE FL 33308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000045917
02/11/04-80081-024 61.25

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: Leah S. Glickfield (LEAH S. GLICKFIELD)

2/6/04 954.563-1601