


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

03-11-2005 90300 014 ****61.25
07-08-2005 90022 027 ****61.25

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06302005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GLICKFIELD, LEAH S. 3750 GALT OCEAN DRIVE (606) FT. LAUDERDALE, FL 33308	

7. Name and Address of New Registered Agent	
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	(NOTE: Registered Agent signature required when re-registering)	DATE
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Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
D GILL, JAMES 4280 GALT OCEAN DR. FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	SECRETARY DIR. ERIC BERKOWITZ 3850 GALT OCEAN DR. FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SD QUINLAN, HELEN 3850 GALT OCEAN DR FT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	VICE PRESIDENT, DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D IERACI, PIO 3800 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		
D GUTTMAN, ROSE 4020 GALT OCEAN DR FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		
PD ROZEMA, ROBERT 3400 GALT OCEAN DR. FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		
TD GLICKFIELD, LEAH 3750 GALT OCEAN DR. FT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		

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: <u>Leah S. Glickfield</u> LEAH S. GLICKFIELD	<u>7/5/05</u>	<u>(954) 563-1001</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #