

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:17

DOCUMENT # 742618 (2)

1. Corporation Name
GALT TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
4250 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308 **4250 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/01/1978	3a. Date of Last Report 04/21/1994
4. FEI Number 36-2993571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent
**D'AMICO, MARILYN
4250 GALT OCEAN DR.
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	SOLIN, AUDREE
STREET ADDRESS	4250 GALT OCEAN DR
CITY - ST - ZIP	FT LAUDERDALE, FL 00000
TITLE	ATD
NAME	CARROLL, JAMES
STREET ADDRESS	4250 GALT OCEAN DR
CITY - ST - ZIP	FT LAUD, FL 33308
TITLE	PD
NAME	KWART, HERBERT B
STREET ADDRESS	4250 GALT OCEAN DR
CITY - ST - ZIP	FT LAUDERDALE, FL 00000
TITLE	SD
NAME	D'AMICO, MARILYN
STREET ADDRESS	4250 GALT OCEAN DR
CITY - ST - ZIP	FT LAUD, FL 33308
TITLE	VD
NAME	PLAUT, RICHARD A
STREET ADDRESS	4250 GALT OCEAN DR
CITY - ST - ZIP	FT LAUD, FL 33308
TITLE	FS
NAME	RAMSEY, FRANCES
STREET ADDRESS	4250 GALT OCEAN DRIVE
CITY - ST - ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael Marchetti
2.3 STREET ADDRESS	4250 Galt Ocean Drive
2.4 CITY - ST - ZIP	Ft. Laud., FL 33308
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V/D Thomas Roche
5.3 STREET ADDRESS	4250 Galt Ocean Drive
5.4 CITY - ST - ZIP	Ft. Laud., FL 33308
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marilyn D'Amico 3-16-95 305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Marilyn D'Amico 563-7268