

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 742618 (2)
1. Corporation Name
GALT TOWERS CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 05/01/1978
3a. Date of Last Report: 04/14/1995
4. FEI Number: 36-2993571
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
25. Country, 29. Country

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|---|
| TITLE | TD SOLIN, AUDREE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4250 GALT OCEAN DR | 12 NAME | |
| STREET ADDRESS | FT LAUDERDALE, FL 00000 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | | 14 CITY-ST-ZIP | |
| TITLE | ATD MARCHETTI, MICHAEL | 21 TITLE | AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 4250 GALT OCEAN DRIVE | 22 NAME | Neufeld, Morton |
| STREET ADDRESS | FT. LAUDERDALE FL | 23 STREET ADDRESS | 4250 Galt Ocean Drive |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | Ft. Lauderdale, FL |
| TITLE | PD KWART, HERBERT B | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4250 GALT OCEAN DR | 32 NAME | |
| STREET ADDRESS | FT LAUDERDALE, FL 00000 | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | SD D'AMICO, MARILYN | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4250 GALT OCEAN DR | 42 NAME | |
| STREET ADDRESS | FT LAUD, FL 33308 | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | VD ROCHE, THOMAS | 51 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 4250 GALT OCEAN DRIVE | 52 NAME | Carini, Randolph |
| STREET ADDRESS | FT. LAUDERDALE FL | 53 STREET ADDRESS | 4250 Galt Ocean Drive |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | FT. Laud., FL |
| TITLE | FS RAMSEY, FRANCES | 61 TITLE | FS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 4250 GALT OCEAN DRIVE | 62 NAME | Plaut, Richard |
| STREET ADDRESS | FT. LAUDERDALE FL | 63 STREET ADDRESS | 4250 Galt Ocean Drive |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | Ft. Laud., FL |

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 119.07(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* 4/10/96 954-563-7268
Marilyn D'Amico Date Daytime Phone #

CR2E037 (12/95)