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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

4250 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308

4250 GALT OCEAN DRIVE
FT. LAUDERDALE FL 33308-6138

3. Date incorporated or Qualified
05/01/1978

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
36-2993571

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'AMICO, MARILYN
4250 GALT OCEAN DR.
FT. LAUDERDALE FL 33308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD DELETE
NAME SOLIN, AUDREE
STREET ADDRESS 4250 GALT OCEAN DR
CITY-ST-ZIP FT LAUDERDALE, FL 00000

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE AT DELETE
NAME NEUFELD, MORTON
STREET ADDRESS 4250 GALT OCEAN DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL

2.1 TITLE ATD Change Addition
2.2 NAME Levy, David
2.3 STREET ADDRESS 4250 Galt Ocean Drive
2.4 CITY-ST-ZIP Ft. Laud., FL 33308

TITLE PD DELETE
NAME KWART, HERBERT B
STREET ADDRESS 4250 GALT OCEAN DR
CITY-ST-ZIP FT LAUDERDALE, FL 00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME D'AMICO, MARILYN
STREET ADDRESS 4250 GALT OCEAN DR
CITY-ST-ZIP FT LAUD, FL 33308

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD DELETE
NAME CARINI, RANDOLPH
STREET ADDRESS 4250 GALT OCEAN DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE FSD DELETE
NAME PLAUT, RICHARD
STREET ADDRESS 4250 GALT OCEAN DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* Marilyn D'Amico 4/3/97 954-563-7268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034261

CR2E037 (9/96)