

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/01/1978
4. FEI Number 36-2993571
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent D'AMICO, MARILYN 4250 GALT OCEAN DR. FT. LAUDERDALE FL 33308	
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10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLIN, AUDREE	1.2 NAME	
STREET ADDRESS	4250 GALT OCEAN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	ATD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, DAVID	2.2 NAME	ATD
STREET ADDRESS	4250 GALT OCEAN DRIVE	2.3 STREET ADDRESS	Raquel Pazos
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	4250 Galt Ocean Drive, Ft.Laud., FL
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KWART, HERBERT B	3.2 NAME	
STREET ADDRESS	4250 GALT OCEAN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AMICO, MARILYN	4.2 NAME	
STREET ADDRESS	4250 GALT OCEAN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD, FL 33308	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARINI, RANDOLPH	5.2 NAME	Thomas Roche
STREET ADDRESS	4250 GALT OCEAN DRIVE	5.3 STREET ADDRESS	4250 Galt Ocean Drive
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	Ft. Laud., FL
TITLE	FS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAUT, RICHARD	6.2 NAME	
STREET ADDRESS	4250 GALT OCEAN DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. 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 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* 3/21/98 954-563-7267

CR2E037 (10/97)