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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742618

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/01/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-2993571
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **Herbert Kwart**

82 Street Address (P.O. Box Number is Not Acceptable)
4250 Galt Ocean Drive

83

84 City **Ft. Lauderdale** **FL** 85 Zip Code **33308**

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: *Herbert Kwart* SECRETARY DATE: **3-25-99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SOLIN, AUDREE	
STREET ADDRESS	4250 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	PAZOS, RAQUEL	
STREET ADDRESS	4250 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KWART, HERBERT B	
STREET ADDRESS	4250 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	D'AMICO, MARILYN	
STREET ADDRESS	4250 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUD, FL 33308	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROCHE, THOMAS	
STREET ADDRESS	4250 GALT OCEAN DR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	FS	<input type="checkbox"/> DELETE
NAME	PLAUT, RICHARD	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Adam Libertella
4.3 STREET ADDRESS	4250 Galt Ocean Drive
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, and all other like empowered.

SIGNATURE: *Richard Plaut* DATE: **3-25-99** DAYTIME PHONE #: **(954) 563-7262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)