

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **742618**

1. Entity Name

**GALT TOWERS CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90111 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4250 GALT OCEAN DRIVE  
 FT. LAUDERDALE FL 33308  
 US

4250 GALT OCEAN DRIVE  
 FT. LAUDERDALE FL 33308-6138  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**36-2993571**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Kwart**  
~~EWART, HERBERT~~  
 4250 GALT OCEAN DR.  
 FT. LAUDERDALE FL 33308

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	<del>SOLIN, AUDREE</del>	
STREET ADDRESS	4250 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	<del>ATD</del>	<input type="checkbox"/> Delete
NAME	PAZOS, RAQUEL	
STREET ADDRESS	4250 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KWART, HERBERT B	
STREET ADDRESS	4250 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	<del>VD</del>	<input type="checkbox"/> Delete
NAME	LIBERTELLA, ADAM	
STREET ADDRESS	4250 GALT OCEAN DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	<del>VD</del>	<input type="checkbox"/> Delete
NAME	<del>ROCHE, THOMAS</del>	
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	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sally Moses	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Pescosolido	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SOLIN, AUDREE*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

Date

954-563-7268

Daytime Phone #

CR2E037 (9/99)