

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90343 046 \*\*\*\*61.25

0045624

**DOCUMENT # 742618**  
 1. Entity Name  
**GALT TOWERS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 4250 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308 US	Mailing Address 4250 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>36-2993571</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**  
 KWART, HERBERT  
 4250 GALT OCEAN DR.  
 FT. LAUDERDALE FL 33308

**7. Name and Address of New Registered Agent**  
 Name **Kevin Songer**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4250 Galt Ocean Dr. #14B**  
 City **Ft. Lauderdale** **FL** Zip Code **33308**

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 DATE **3/26/01**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD</del> MOSES, SALLY 4250 GALT OCEAN DR FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD</del> <del>PAZOS, RAQUEL</del> <del>4250 GALT OCEAN DR</del> <del>FORT LAUDERDALE FL 33308</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <del>KWART, HERBERT D</del> <del>4250 GALT OCEAN DR</del> <del>FORT LAUDERDALE FL 33308</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIBERTELLA, ADAM 4250 GALT OCEAN DRIVE FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD PESCOSOLIDO, JOHN 4250 GALT OCEAN DR FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS PLAUT, RICHARD 4250 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB   	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kevin Songer 4250 Galt Ocean Dr Ft. Laud., FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sheldon Yusim 4250 Galt Ocean Dr. Ft. Laud., FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **3-26-01** Daytime Phone # **954 563 7262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)